

THE JOURNAL
OF THE
GYNÆCOLOGICAL SOCIETY OF BOSTON:

A Monthly Journal

DEVOTED TO THE ADVANCEMENT OF THE KNOWLEDGE
OF THE DISEASES OF WOMEN.

EDITED BY

WINSLOW LEWIS, M.D.,

HORATIO R. STORER, M.D.,

GEORGE H. BIXBY, M.D.



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JULY, 1872.

[No. 1.

PROCEEDINGS OF THE SOCIETY.

[Reported by Horatio R. Storer, Secretary.]

SIXTY-SEVENTH REGULAR MEETING, DECEMBER 19, 1871.

The sixty-seventh regular meeting of the society was held on December 19, 1871, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Weston, Warner, Bixby, Hazelton and H. R. Storer.

The records of the last meeting were read and accepted.

The Secretary read letters acknowledging their elections to corresponding membership, from Drs. Walter J. Henry, of Ottawa, Ontario; F. D. Gilbert, of Sherbrooke, Province of Quebec; J. Joseph Williams, of Memphis; J. F. Armstrong, of Cleveland; and H. Webster Jones and A. Reeves Jackson, of Chicago.

The following donations to the Library were announced: from the Royal Society of London, seven numbers of their Proceedings; from Dr. Alessandro Ceccarelli of Rome, his work upon Ambulance Service and the Pontifical Military Hospital; from Dr. W. J. Conklin of Dayton, Ohio,

his monograph upon the Relations of Epilepsy to Insanity and Jurisprudence; a paper upon Chronic Hypertrophy of the Lip, from Dr. R. W. Taylor of New York, its author; from Dr. B. Joy Jeffries of Boston, his Report on the Progress of Ophthalmology for 1870-71; from Dr. S. H. Tewksbury of Portland, Me., his article upon Vesico-Vaginal Lithotomy on a child seven years old; from Dr. Nathan Allen of Lowell, his Lessons on Population, suggested by Grecian and Roman History; and from Dr. Thomas M. Logan of Sacramento, the First Biennial Report of the State Board of Health of California.

Dr. Warner exhibited a pair of *tæniæ*, and reported the case. It was that of a girl eleven years old who was naturally very delicate, and had been "as nervous as a jumping-jack." She had been treated ineffectually by several physicians for some four years after the existence of *tænia* had been detected. Her appetite had continued very capricious. When Dr. Warner first took charge of her, in June last, he gave \mathfrak{z} ii of pumpkin seed, in emulsion, and followed by \mathfrak{z} ii of turpentine with \mathfrak{z} ss of castor oil. This brought away one of the connections shown, the head being also found. The patient soon went to the country and remained until October, at which time there was a recurrence of the old symptoms. Dr. W. again gave the pumpkin seed and oil without the turpentine, inasmuch as this had before produced strangurie but not even a single joint of worms could be elicited. A week afterwards he repeated the dose of pumpkin seed, with the addition of \mathfrak{z} ss of kousso, following it by a similar amount in the course of three or four hours. The second of the worms now exhibited was then discharged, alive and in active movements. It was some eighteen feet in length, and it would be perceived that the head was intact.

Dr. W. considered that this subject

TÆNIA IN ITS RELATIONS TO GYNÆCOLOGY

was an important one. He once had charge of a patient concerning whose case there had been much doubt, and who had been said to habitually "act like the devil." A good deal of uterine trouble had previously been found to exist, but this had been all. She was constantly complaining of her back and limbs, and used to keep her husband up night after night rubbing them. They had been compelled to break up housekeeping, etc., etc. One night she sent for Dr. Warner in great haste to show him two or three joints of tænia, that she said "had just come out of her womb." Under appropriate treatment, Dr. W. obtained from this patient, at different times, no less than five large tæniæ, after which the patient's nervous system was quieted down, and she became an exemplary and happy wife.

Dr. Weston was of the opinion that in chorea, much oftener than was generally supposed, tapeworms were the exciting cause.

Dr. Warner spoke of a case he had known of at the West, where it had been estimated that "miles" of the worms had been expelled during many years. Finally, under a dose of pumpkin seed, a thorough expulsion of some fifty-two feet was made, the mass in bulk and gross appearance resembling the placenta of a cow, more than anything else.

Dr. Warner exhibited a

LARGE INTRA-UTERINE POLYPUS REMOVED BY THE ECRASEUR,

since the last meeting of the Society.

The case had been sent to Dr. Storer by Dr. Field of

Bangor, Me., who had previously diagnosed the condition that was present. The patient, aged thirty-seven, had been married nineteen years. She had had one still birth, and four children, the youngest of them nine years old. She had never been pregnant since. Her menses had been regular as to time, but always profuse. Before marriage she had averaged from ten to fourteen napkins, in late years from sixteen to twenty. The flow always lasted a week. Five years ago, after much fatigue, she had a very severe attack of hemorrhage, nearly indeed to death. From the effect of this she but slowly recovered, and was confined to her bed for a long time. There never had occurred any inter-menstrual hemorrhage until a year ago last August, after fatigue at Mt. Desert, and then there were only three napkins. Last month, before coming to Boston, she had as severe flooding, as she did five years ago, and again came very near dying. The anæmia was more marked than Dr. Storer had ever seen it before, save in one other similar case, which had been reported to the Society.* In the instance referred to, a patient from Gardiner, Me., Dr. Storer removed a large intra-uterine fibroid, with fibrous nuclei, the specimen now being in the Society's collection.

Mrs. — came to the city a few days since, and as her catamenia were nearly due, Dr. Storer determined to operate at once. The polypus, fibroid in its character, was attached by a broad pedicle to the fundus uteri anteriorly, greatly distending the cavity of the organ. By its pressure it had opened up to os uteri so that the finger could enter beside it. The lower portion of the mass was extensively ulcerated as were also the walls of the cervix where they came into contact with it. The chain of the *écraseur* was applied and the tumor removed without hemorrhage. The uterus itself

* See this Journal, Vol. i, p. 135.

was then plugged with cotton, saturated with persulphate of iron, and during the ensuing night, the organ contracted to such an extent that the os uteri had nearly closed. Convalescence was, so far, uninterrupted.

The specimen, now exhibited, was five inches in circumference.

Dr. Warner considered it remarkable, that with a tumor of this size inter-menstrual hemorrhage had not often occurred.

The Secretary read a letter from Dr. S. H. Tewksbury, of Portland, Me., relative to his recent case of vesico-vaginal lithotomy, upon a child of seven years, and inquiring if members knew of a similar case, so young, and when a cure had been effected in fifteen days, without a fistula.

The President, Dr. Lewis, had the impression that he had known of a much younger case. He would endeavor to look up the matter and report at a future meeting.

The Secretary read the following extract from a letter from Prof. Dominico Peruzzi, of Lugo, (Romagnes) Italy: —

“ I am about to write upon Ovariectomy; and as I feel myself wanting of exact notices about the origin, the advancement, and the actual state of that operation in America, I take the liberty to call upon your kind help, in order to obtain every sort of paper, statistical notices, etc., which may be published on that account till the present day in your country, so highly estimated for Scientific undertakings.”

Dr. Storer remarked that he should refer Dr. Peruzzi to the works by Attee & Peaslee, both of which were now in press.

Dr. Bixby read an abstract of the Gynæcological papers contained in the Berlin “ *Archiv für Gynæcologie*.”

Dr. Storer made some remarks upon

THE CHINESE IN SAN FRANCISCO IN THEIR GYNÆCOLOGICAL RELATIONS.

He was surprised to find that the Chinese women in San Francisco so seldom exhibited any symptoms of the later stages of specific disease, in view of the fact that they were almost without exception prostitutes, and that the primary disease taken from a person of a different race was so often unusually virulent. The following account of a midnight visit he had made to the worst portions of the Chinese quarter, might not be uninteresting to the Society. It is quoted from the official report by Dr. Logan, of Sacramento, the Secretary of the California State Board of Health * :—

“Most of us are familiar with the crowded, filthy, and abominable condition of Chinese life in California ; but none who have ever witnessed the midnight orgies of this hebetated people in San Francisco, can imagine the depths of depravity into which they are sunk. ‘Down many a winding step to dungeons dark,’ we followed our able conductor, sometimes in Indian file, sometimes stooping—almost creeping through foul labyrinthine passages. Every now and then these dark passages would open into dimly lighted rooms, wherein were to be seen dusky human beings, lying on tiers of broad shelves, like the berths of a ship, each with a foul opium pipe, and dirty little oil lamp used for lighting the pipe at his side. At times we would encounter the daughters of the ‘flowery land,’ each sitting, or standing, in a little tawdry room, or rather box, and, with painted lips and rosy-tipped fingers, beckoning us to enter. Suddenly we would light upon a gambling saloon—for John Chinaman likes the excitement—and then there would be a variation in the

* First Biennial Report of the State Board of Health of California, 1871, p. 46.

deep monotone of their stolid life, caused by the hurry and scuffle to conceal what they were about.

“ We entered and inspected one of the large lodging houses. In the dimly lighted passages were seen, occasionally passing and repassing, young and old, male and female, apparently peering at us, intruders on their private premises. In the rooms, which were cut up and divided into what might be called pens, were observed the half naked forms of the same kind of inmates already encountered in the under-ground rooms, reposing on shelves—some sleeping, others blowing out curling puffs of narcotic fumes from their broad, brutal nostrils, just like the old opium-smoking hag in Dickens’ ‘Edwin Drood,’ and which affords so graphic an instance of civilization touching barbarism—extremes meeting. What surprised us most, was the little apparent commingling of the men with the women, and the infrequent evidences of syphilitic disease; both of which facts are doubtless to be attributed to the sparseness of the females. Certainly, so far as the Chinese portion of our community are concerned, there appears to be no call for the enactment of laws for the suppression of the so-called ‘social evil.’ A physiological feature, worth noticing in this connection, is the frequent epilatory condition of the genital organs, especially among the females, which, like the not uncommon defect of beard in the male, rather indicates the absence of strong or enduring sexual appetite.

“ I have not yet spoken of the greatest infringement of the laws of health to be met with in the Chinese quarters, and which calls for immediate redress. I allude to the almost absolute absence of ventilation. In the underground purlieus there is no means whatever for the admission of air, save through the common cellar opening or entrance. The domiciles above ground are no better, because the windows are too few and small in proportion

to the occupants, and besides they are never left open. The consequence of this is that the stench of the premises is horrible. We felt ourselves enveloped in a physical atmosphere as tainted and disgusting, from super-added stale opium smoke, as the moral one was degraded.

“Of course I could not well refrain from expressing my astonishment that the city authorities would allow even one such den of filth to taint the atmosphere, both physically and morally, of the whole neighborhood. It is very plain to my mind that were it not for the strong oceanic winds that prevail during the summer months, San Francisco would, ere this, have suffered the heaviest penalties for such gross violations of every sanitary law. But this is not all the guilt involved in this view of the Chinese quarters. Our guide informed us that to just these places, reeking with abominations, men—white men—of apparent respectability, go and lose their manhood and their money, and then come shamelessly to the police to aid them in regaining some bauble that may have been stolen by their Mongolian paramours. And worse than this, most of these abodes are owned by *gentlemen* of high social position—members even of Christian churches—and who, either themselves, or through some paid agent, receive the wages of sin and corruption. It is high time that public opinion should be brought to bear upon such nuisances, and cause their speedy abatement.

“To show that I am not coloring the case too strongly, I will here quote briefly from a statement, published in the papers not long since, of a deputation to the San Francisco Board of Health, from the Anti-Coolie Association: ‘Some houses have five hundred lodgers—some one thousand; and in the Globe Hotel—standing on ground sixty by sixty, and three stories high—there are twenty-five hundred tenants.’ In some places they say Chinamen have burrowed dens, even beneath the streets,

holes that would 'not admit a coffin. There are innumerable subterranean dens where gambling is carried on, and where crimes that cannot be named are habitually committed.' They add that the Chinese here carry out their laws independently of ours; they hold subterranean Courts, have Judges and executioners, and inflict the death penalty on any of their race who may reveal their secret doings to the Americans. In conclusion, the deputation prays the Board to interfere, and prevent at once a threatened fatal epidemic and a violent popular outbreak."

Dr. Hazelton was struck by the immunity from syphilis in the Chinese, to which Dr. Storer had referred. He was once for a long time upon the coast of Peru as Surgeon of the flagship of the Brazilian squadron, and there had occurred among the men not more than twenty-five cases of the disease, although the freedom of sexual intercourse with the natives had been almost unlimited. He had almost been of the opinion that to this very freedom had been owing the immunity from the disease.

The Secretary read a communication from Hon. Mr. Richard Muckles, of Philadelphia, asking aid in the effort to restore the Strasburg Library, destroyed in the recent war; and another from the officers of the Chicago Academy of Sciences, the library and collections of which had been destroyed in the late fire, requesting such donations of books as the Society might be able to give.

The Secretary was directed in each of the above instances to express the sympathy of the Society, and its desire to extend such assistance as might be in its power.

The following addition to the By-Laws was moved by Dr. Storer, and seconded by Dr. Warner: —

"That, all appointments to Honorary or Corresponding membership that are not acknowledged within six months after notification, in the case of American candidates, and within one year, if foreigners, shall be annulled."

The following was moved by Dr. Warner, and seconded by Dr. Weston: —

“That if any active member shall be delinquent in his dues for the time of one year, unless absent from the country, his name shall be dropped from the roll of the Society.”

The following was moved by Dr. Warner and seconded by Dr. Hazelton: —

“That the same penalty shall accrue to any active member who shall absent himself from the regular meetings for one year successively, unless for ill-health or other good excuse.”

The above were laid over for the consecutive meetings, as required by the By-Laws.

Adjourned.

SIXTY-EIGHTH REGULAR (ANNUAL) MEETING, JANUARY 2, 1872.

The sixty-eighth regular meeting of the Society, being also its Annual meeting, was held on the second of January, 1872, at Hotel Pelham, the President in the chair. Present: Drs. Lewis, Warner, Weston, Bixby, Perkins, Greeley, Hazeltine, and H. R. Storer, Dr. J. H. Dix, Honorary Member, Dr. O. G. Ross, of Hudson, Mass., Corresponding Member, and by invitation, Dr. Carl Both, of Boston.

The records of the last meeting were read and accepted.

The Secretary read letters in acknowledgment of their election to Corresponding Membership, from Drs. E. D. Worthington, of Sherbrooke, Province of Quebec, J. B. Gibson, of Durham, (Missisquoi) in the same province, J. H. Beech, of Coldwater, Mich., Robert P. Harris, of Philadelphia, Pa., Frank A. Ramsay, of Knoxville, Tenn., M. P. Morrison, of Monongahela City, Pa., D. Forbes, of Tullahoma, Tenn., Henry B. Whiton,

of Troy, N. Y., Charles A. Hart, of New York City, O. M. Drury, of Orange, Mass., R. F. Andrews, of Gardner, Bowman B. Breed, of Lynn, O. G. Ross, of Hudson, and Edward A. L. Francois, of Saugus Centre.

The Secretary exhibited the photograph of Dr. R. F. Andrews, of Gardner, Mass., Corresponding Member, added to the Society's collection, and announced the following donations to the Library: from Prof. Spiegelberg, of Breslau, the third part of the second volume of the Berlin "Archiv für Gynæcologie;" from Prof. Schröder, of Erlangen, his monograph upon "Persistence of the Hymen after Cohabitation," "Pregnancy and child-bed;" from Prof. Gusserow, of Zurich, his "Summary of Gynæcological Literature for 1869," and papers by himself upon "Carcinoma Uteri, Puerperal Anæmia;" and a memoir of Sir James Y. Simpson; together with an "Inaugural Dissertation upon Uterine Thermometry," by Dr. Geirg Würster, of Winterthür; from Dr. T. More Madden, of Dublin, his monograph upon "Sudden Death soon after Parturition;" from Prof. Joseph G. Richardson, of Philadelphia, his "Introductory Lectures to the Course on Pathological Anatomy at the University of Pennsylvania;" from Prof. Theophilus Parvin, of Indianapolis, his Introductory Lectures, delivered at Louisville, entitled "Woman and Her Physician;" from Dr. S. Pollak, of St. Louis, his paper upon "Simultaneous Intra- and Extra-uterine Pregnancy at Full Term;" from Dr. A. Ruppaner, of New York City, his "Contributions to Practical Laryngoscopy (second series);" from Prof. Moses Gunn, of Chicago, his "Valedictory Address;" from Dr. R. F. Michel, of Montgomery, Ala., his paper upon the "Anatomy and Physiology of the Eye;" from Prof. Fordyce Barker, of New York, his monographs upon "Fibrous Tumor of the Uterus, treated by Excision, and Puerperal Fever;" and

from Dr. Reuben A. Vance, of the same city, his paper upon the "Treatment of Paralysis by Hypodermic Injections of Strychnia."

The Special Order of Business for the Annual meeting, being now taken up, the President, Dr. Winslow Lewis, delivered the Annual Address for 1872.

It was upon

THE HISTORY AND PROGRESS OF GYNÆCOLOGY OF
NEW ENGLAND,

and elicited many expressions of approval.

The Treasurer presented his report for the year just ended. It showed quite a large unexpended balance in his hands, and, upon vote, was declared accepted and approved.

The Society next proceeded to the election of

OFFICERS FOR 1871-72.

with the following result :

PRESIDENT. Winslow Lewis.

SECRETARY. Horatio R. Storer.

TREASURER. George H. Bixby.

COMMITTEE UPON MEMBERSHIP. Drs. Levi F. Warner, George P. Greeley, and Isaac H. Hazelton.

The General Order of Business being now resumed, the President, Dr. Lewis, exhibited Prof. L. A. Sayres's Vertebrated Probe, to which reference had been made at a previous meeting of the Society.

The Secretary presented, in behalf of Dr. A. L. Norris of East Cambridge, Mass., a communication descriptive of a

CASE OF OVARIOTOMY BY PROF. FREUND, OF Breslau,
written by Miss Mary J. Safford, of Chicago.

Dr. Weston inquired if this lady were not a female physician.

The Secretary replied, that, judging from Dr. Norris's letter, he presumed this to be the case. He had previously heard of her as a medical student.

Dr. Weston stated, that he then must object to the paper being received by the Society.

Dr. Hazelton regretted that it had been presented by Dr. Norris. He was not quite clear in his own mind what course ought to be pursued under the circumstances. He desired to be courteous and fair, though he believed fully in the views already expressed by the Society, that women physicians carried within themselves an inherent physiological weakness which sooner or later would decide the question of their fitness to practise medicine against them. He was for taking the course which would earliest make this fact apparent to the community, and he was not quite sure whether restriction or the largest license would best have the effect. Not believing that the average of competency of female practitioners could compare with that of male physicians, he was willing to admit this paper to discussion by the Society, provided their final acceptance were decided solely upon their intrinsic merits.

Dr. Warner was of the same opinion. There was one point moreover, that must not be lost sight of. The Gynæcological Society had by its constitution finally bound itself by the Code of Ethics of the American Medical Association and could not therefore recognize practitioners who were not considered in good standing, according to the rules of that body. It would be recollected that after prolonged discussion of the subject the past Spring, at San Francisco, the Association had failed to recognize female physicians, and as the whole question would probably come up again in a very short time at the approach-

ing session at Philadelphia, the Gynæcological Society had no right by admitting this paper without challenging to forestall the opinion of the representative body of the American profession. He should advise the reading of the paper, and if it were thought worthy of publication, that the editors of the Society's Journal state in a foot note to it, that by its reception the Society in no wise expressed an approval of the practice of medicine by women. He would move that with this proviso, and prior to its acceptance for publication, the paper be now read.

The motion was seconded by Dr. Hazelton, and was voted in the affirmative.

The paper was therefore read by the Secretary.

This having been done the question of the acceptance of the paper for publication was raised by Dr. Hazelton. Concerning this, he had, he would say, grave doubts. He did not wish to seem uncivil, but the whole question must turn upon whether the paper was worth publication or not. If it had been written by a man, he might have decided this in the negative.

Dr. Bixby thought that a report of every case of ovariectomy, wherever and by whomsoever performed, should go upon record.

Dr. Both would fully grant this, but the paper in question was merely the statement of a case which had undoubtedly already been published. It was certainly not entitled to the title its author had given it, "Indications for Ovariectomy," for it contained nothing new. The course pursued by Dr. Freund in the case reported was merely that inculcated by ovariectomists of the present day who best understood this business, and similar cases, with a like favorable result, had been reported to the Society, and repeatedly seen by its members in the practice of Dr. Storer. Were it not for expressions in the

paper which no educated or competent physician would be likely to have used, like "Glistening cholesterine shimmering upon the surface." We should suppose from its reading that it was merely the translation of an article by Dr. Freund.

Dr. Hazelton asked if it were true, as stated in this paper, that fœcal vomiting could occur after ovariectomy, and yet the patient recover.

Dr. Greeley asked the President, Dr. Lewis, if he had ever known convalescence to occur under such circumstances.

Dr. Lewis replied that he had never known fœcal vomiting after ovariectomy, though the fact that recovery did sometimes occur under these circumstances after other severe surgical operations, was so far in favor of its possibility.

Dr. Storer remarked that there were other cases besides that now reported, on record, to prove its possibility after ovariectomy. Such an occurrence was however far more possible than probable. When reflex peristaltic action of this kind occurs it has generally been comparatively very slight and very temporary if the patient recovers.

With reference to the question under discussion, that of publishing the supposed report of Dr. Freund's case, gentlemen would recollect that the Society pursued two different courses with reference to the measures of printing the communications that were made to it. When papers were of great importance to the profession, or of unusual intrinsic interest, they were given prominence and separate places in the Society's Journal, otherwise they appeared as a portion of the report of its proceedings.

Dr. Greeley considered that the latter would be the proper method in the present instance. He would move

therefore, that the paper be incorporated with the proceedings of the present meeting, and that the editors of the Society's Journal be directed to use their own discretion, as to publishing it in extenso or merely an abstract.

The motion was seconded by Dr. Hazelton, and unanimously passed.

The following is Miss Safford's paper *in full*. It is entitled

INDICATIONS FOR OVARIOTOMY.

“ During my stay in Breslau, Germany, I had the opportunity of assisting at a most interesting operation for ovariectomy, made by Dr. Freund, Docent of the University there, and of observing closely the case through its entire course, to the restoration to health of the woman.

“ Although I had the opportunity of being present at six similar operations in the Hospital, in Vienna, none presented the interest of the case I am about to describe, whose greatest importance is found in the condition of the patient before the operation.

“ February 28, 1871. She came to the Doctor's clinic, from the country; is fifty-one years of age. Menstruated, first at sixteen, and regularly; was married at twenty-one; had five children; the youngest nine years old. Nursed all; and remained in the lying-in-bed, with each, four days.

“ Had been ailing for several years, since which time she had first observed the tumor. For six years, there had been a menopause; four weeks before had a slight flow of blood from the uterus, and since that time there had been a rapid increase in the growth of the tumor, which now presented in size that of a woman at the end of pregnancy, or was fluctuating; she complained of constipation and of ischuria.

“The navel was situated considerably nearer the spinous process than the symphysis pubis. About it extending the width of the hand, was a firm attachment of the tumor to the peritoneum. Uterus to be felt only per rectum; a retro-latero-sinister flexion; no apparent attachments; measured seven centimetres. In the knee elbow position, the tumor sank 13.3 centimetres. It was punctured in the linea-alba, and discharged fifteen quarts of fluid, characteristic of an ovarian tumor. This fluid looked like barley-water, whitish grey, opaque, with glistening cholesterine, shimmering upon the surface.

“By the microscope there was found a great quantity of cholesterine, large fat cells, detritus and much albumen.

“She was much relieved by the puncture, and went home, without the Doctor having suggested an operation; her age and feeble state of health considered.

“She returned, however, on April 3. The abdomen had refilled; respiration was impeded, with loss of appetite, and with a daily recurrence of fever, and she was again punctured, and the same quantity of fluid was discharged. It was now thin, yellowish and thread-like, containing traces of blood and pus cells.

“The subject of operating upon her was now broached, but as she did not favor it, she again went home, to return after a week's absence, with the abdomen refilled, with an increase of all unfavorable symptoms; tongue dry; evening temperature of the body, 39° R.; abdomen sensitive and painful, with a temperature higher than the rest of the body. And now, fully realizing her own danger, like the drowning man who catches at a straw, she begged to be operated upon, and on the thirteenth of May, the operation was made in a small room, in the city, at a relative of the patient's.

“The operation was made as usual, under the influ-

ence of chloroform; the cut extending three inches above the symphysis pubis, had to be prolonged two inches above the navel, owing to anticipated adhesions, which extended even to the hypochondriac region, with fresh ones to the entire peritoneum; an extensive chronic inflammation of the peritoneum was found, as also a considerable amount of sanguineous fluid. The style (pedicle) which was attached to the right angle of the uterus, was too short to be grasped and held by a clamp, and was therefore divided into two parts, tied firmly with silk and sunk (back). The sanguineous fluid was so rapidly secreted in the abdominal cavity, that it required half an hour of continuous sponging and sucking through a tube with the mouth, before the cavity was completely emptied and could be closed. The style (pedicle) was brought up and examined several times, fearing that it bled.

“The wound was closed by thirteen sutures, including the peritoneum, and dressed as is usual, with a thick layer of cotton batting over the abdomen, and a bandage of flannel, with flannel drawers and woollen stockings.

“She was then placed in a warmed bed, with bottles of hot water to the feet, legs, and arms; the room was heated to 16° R., and the patient perspired soon and freely. There was very slight reaction, and she was given warmed wine. The second day, owing to weakness and vomiting, she was given clysters of soup, wine, and egg. With the aid of an opium clyster, and of morphine subcutaneously, she lay quietly and slept, and urinated alone.

“After the operation, there was no return of fever, and all went as favorably as possible, the pulse never exceeding 80–82, nor the temperature 37.6° R. The skin was moist till the fifth day, when all of the symptoms became alarming, almost hopeless. There was paralysis

of the sphincter ani, the stools were frequent and fluid, vomiting continuous, and once of fœcal matter; skin, cool, pulse 130, abdomen sensitive, with pain and distention of the same. All nourishment was given by the rectum, and musk and opium hyperdermically.

“After two days, the symptoms became ameliorated and there was again reason for hope. On the tenth day, the sutures were removed and the wound was found almost entirely healed by first intention, and from this time onward, the condition of the patient was one of continual improvement. In two weeks she sat up; in three weeks went about the room, and in four weeks was discharged, feeling well. By vaginal examination, the uterus presented a normal position and size.

“At a meeting of the Medical Association, of Breslau, Dr. Freund dwelt especially upon the indications for the operation.

“In the literature of ovariectomy, he had read of but two corresponding cases, one described by Keith, who had operated even during an attack of fever; and the other by Veit, who extirpated a tumor, attacked with spontaneous suppuration.

“Formerly these would have been considered as strict contra-indications for the operation, but the cases above cited, in connection with Dr. F.’s, prove that opinion incorrect. In Dr. Freund’s case, he considered it not inappropriate to compare the acute indications, and the immediate necessity for operating, to that demanded in hernia, and one can well say that his case opens a new field of indications for the operation, for it seems very evident that it alone saved the patient’s life. And this is all the more important, as all recent operators have come to the conclusion, that an ill condition of the system is a strict contra-indication for the operation.

“It seems, therefore, necessary to determine, whether a

general disturbed condition of the health is of a chronic nature, proceeding from the tumor, or if it be an acute disturbance. If the latter arise from acute changes in the tumor of an inflammatory or traumatic nature, then there exist absolute indications for the operation; the same as for the opening of a deep lying abscess, or of a pleuritic collection of fluid, which is inflammatory in its nature."

Dr. Warner, Chairman of the committee upon membership, stated that among the names that had been presented for its consideration as candidates, was that of a gentleman in a distant State, who had furnished all the usual evidence of good professional standing, so far as concerned graduation, membership of his County Medical Society, etc., and who stated that he recognized the Code of Ethics of the American Medical Association, and "to be regular in every other respect," but whose note paper, envelope, and card enclosed, bore in large letters, in addition to his address, the title, "Specialist in diseases peculiar to women." It would be recollected that the National Association while it "recognizes specialties as proper and legitimate fields of practice," had expressly resolved "that specialists shall be governed by the same rules of professional etiquette as have been laid down for general practitioners;" that it shall not be proper for specialists publicly to advertise themselves as such, or to assume any title not specially granted by a regularly chartered college, and "that printed hand-bills addressed to members of the medical profession, or by cards in medical journals calling the attention of professional brethren to themselves as specialists, be declared in violation of the Code of Ethics of the American Medical Association."*

Under these circumstances the committee did not feel that they were permitted by the constitution of the Society to recommend the physician referred to, for membership.

* Transactions of the American Medical Association, 1870, Vol. xxi, p. 562.

The report of the committee having being accepted, a ballot was then taken, with the result of a unanimous vote against the candidate's election.

The Secretary remarked that a matter had been brought to his attention by Dr. Weston, which he thought would be of interest to the Society. Dr. W. desired to introduce to the members Mr. B. P. Smith of New York, who would explain the subject more fully.

Mr. Smith then stated that some two years ago at the suggestion of Dr. Willard Parker of New York, measures had been instituted among the more prominent medical men of that city for the purpose of mutual protection against those persons, fortunately comparatively few in every community, who though having an abundance of pecuniary means, yet employ a physician with no intention of ever recompensing his services. The principle of action now advised was much like that of the so called mercantile agency among business men. When the list of delinquent patients was commenced, it contained but four hundred names. At the present moment it comprised ten times that number, and the field of operations had extended to Brooklyn, Jersey City, and Newark, while the circle of physicians practically interesting themselves in the success of the undertaking was constantly increasing, Mr. S. had also visited Philadelphia, and initiated the system there with similar success.

It would be perceived that a twofold benefit was to be gained. Many persons it had been found had paid up their medical arrears, as soon as they learned that their names were upon the private list, and it was a great advantage for a physician to be saved from wasting his time and skill upon ungrateful persons. Every one liked to be his own judge as to whom he should treat as a charity patient and physicians had the same right to make this selection, as patients had in calling a medical attendant.

The plan did not conflict with the Code of Ethics any more than did the English custom of receiving the fee at the time of attendance, for no one could be prevented from attending persons whose names were on the list, provided they chose to do so. The list was simply of "very tardy or delinquent debtors," and it was not what the law calls a "publication," but merely a quarterly or semi-annual, "private printing."

After some further remarks, it was *voted*, upon motion by Dr. Storer, seconded by Dr. Hazelton, that the measures now being taken in this vicinity, towards establishing a means of professional mutual and self-protection, meet with the Society's cordial approval.

Adjourned.

CASE OF OVARIOTOMY.

BY DR. I. H. WYTHE, LATE SURGEON, U. S. VOLUNTEERS.

Reported by G. W. Dutton, M. D., Tomales, California.

E. G. an unmarried woman of about forty years of age, resident in Petaluma, noticed an enlargement of her abdomen about seven years ago. Under homœopathic advice this was pronounced a case of ascites from diseased liver and spleen. I first saw the patient in my neighborhood about four years ago at the request of her relation, at whose house she was on a casual visit. She refused an examination per vaginam and rectum. She stated that about three years previously, when she occasionally made a journey of ten or fifteen miles on horseback, she would feel an abdominal and pelvic soreness, with a fulness. On one or two occasions of making these trips the menstrual flow was suppressed. She dated the

commencement of her disease at this time, and believed the above circumstances to have caused it.

The abdomen was then as much enlarged as a woman five months advanced in pregnancy. This enlargement was a protrusion forward, and nearly in the median line, more than a spreading out in the flanks. Palpation and percussion revealed dulness with fluctuation, showing the presence of liquid. It was observed that alteration of position from erect to recumbent, or from supine to prone, made no difference in the places where resonance and fluctuation were found—no “*water line*” could be made out.

Upon interrogating, the liver and spleen were judged to be in a healthy condition. In fact, what ill feeling she had at this time was from pressure and weight, a consequence of the enlargement, in place of the enlargement being a consequence of the ill health.

Taking all these symptoms in connection, I inferred the fluid could not be ascitic, but that it was cystic; and advised a consultation with an Ovariectomist with a view to an operation.

After the examination above detailed she chose to continue treatment with the “*ingenious way of doing nothing*” system; and, in addition to the treatment of that school, was twice tapped—the first time of thirty-six pounds of watery fluid—the second of twenty-four pounds. Some time during last autumn she sought advice of Dr. Clark, of Stockton, who, in connection with another physician of that place, tapped her again; and, after careful examination, pronounced her disease ovarian dropsy.

After this she fell into the hands of magnetizers who deluded her with promises until she was obliged to take to her bed. On January 19, 1872, I was called to see her. I found the abdomen greatly distended with fluid, with, as seemed from palpation, a hard tumor besides. She was much emaciated and very feeble. Pulse 114 and

small. Tongue dry. Appetite moderate, but she frequently vomited her food. Abdomen somewhat tender on pressure. Febrile exacerbation daily and periodically. She was, at that time, taking treatment from her homœopathic adviser, who, she said, still assured her that her complaint came from disease of the liver and spleen. It seemed evident that a fatal termination might be looked for soon unless an operation proved successful. Having learned of Dr. Wythe's experience in such cases and the general good result of his operations, I recommended a consultation with him. Dr. Wythe first saw her in Petaluma, January 22d. On the 23d she was tapped of about thirty lbs. of dark, chocolate colored fluid, wholly coagulable by heat, and which subsequent examination with the microscope showed to be composed of an immense number of discs, in addition to ordinary cyst granules. Jones and Sieveking state such blood discs to be the product of the cystic tumors, and not exudations from the circulatory organs; yet their general effect must be similar to loss of blood. The tumor, at this examination, was shown not to be uterine, from the uterus being made to move from side to side by means of the uterine probe, independent of the tumor; and percussion and palpation showed the tumor to be composed of multilocular cysts. The result of the examination was that it was clearly a case of ovarian dropsy. On account of the great debility and anæmia, Dr. Wythe advised an attempt to build up the system with nourishment, citrate of iron and quinia, etc. As there was a paroxysmal febrile excitement he also suggested the use of sulphate of quinia. This plan was strictly carried out, and had the effect of preventing the recurrence of the paroxysms. As the abdominal cysts filled up however, and pressed upon the greater curvature of the stomach, the vomiting became so frequent and persisting as to interfere with

retention of food and tonics. The ordinary remedies were used to allay the irritability of stomach, but to no purpose. The tonics were then continued enepidermically until the day agreed upon for the operation.

On February 6, Dr. Wythe visited her again for the purpose of operating. The risks of the operation were fully and freely stated, both to the patient and her family; and but little hope of a favorable result was held out, owing to her exceedingly debilitated condition. At their request however, we were willing to afford her this only chance of relief, slight though such chance might be. The patient positively refused to have any more physicians present than were necessary to conduct the operation, and her friends refused to deceive her by allowing them present but during anæsthesia. This is mentioned to relieve those having charge of the case from censure for not inviting others to be present at an operation so rare in this vicinity. There were present at the operation Dr. I. H. Wythe, Senior, his son, Dr. W. T. Wythe, of Sacramento, Dr. N. Bird, of San Francisco, Dr. Bond, of Pataluma, and the writer. Anæsthesia was produced by a mixture of one part chloroform to two parts sulphuric ether; and an incision was made at the linea alba through the integument, subjacent tissue, and peritoneum, about four inches long, beginning just below the umbilicus. This was afterwards enlarged until it amounted to six inches. The white, silvery surface of the cyst was exposed and found to be quite unadherent, except to about half an inch of omentum, which was readily detached. The main cyst was emptied by means of a large trocar with great expedition, and the tumor rolled out of the abdomen. It sprang from a small but short pedicle on the right side which was ligated and the tumor removed.

The uterus and surrounding structures (except the right ovary, involved in the disease) were quite healthy.

The wound was closed by twisted sutures and strips of adhesive plaster, then covered by a strip of lint smeared with carbolic salve, one-eighth carbolic acid to seven-eighths cerate. The ends of the ligature and a tent made of a strip of muslin were left in the lower angle of the wound. Not an ounce of blood was lost during the operation, which lasted half an hour, and the patient was put to bed. Physicians and friends were beginning to congratulate themselves on so neat, dexterous, uncomplicated, and so far, successful an operation, when symptoms of collapse became alarming. Consciousness was but partially restored after the operation, and in spite of stimulants, frictions, etc., she breathed her last about one hour after its termination—death occurring on account of the extreme feebleness of the patient rendering her unable to stand the shock. Despite the fatal result, the case of Miss G. is a striking exhibition of the value of ovariectomy. Her case was so simple and so free from adhesions, that, had it been performed earlier, there is but little doubt of its success. We cannot but regret that she fell into the hands of specialists and charlatans, who trifled with her symptoms until it was impossible for science to save her.

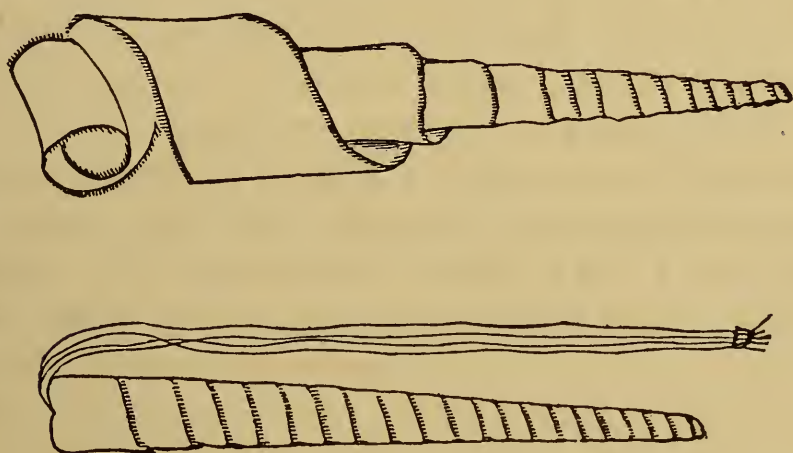
UTERINE CLOTH TENTS.

BY V. H. TALIAFERRO, M. D., COLUMBUS, GA.

I desire to call attention to specimens of Uterine Cloth Tents, a description of which, together with their therapeutic uses, was some time since published in the *Atlantic Medical and Surgical Journal*.

In that communication it was claimed, that the uterine

cavity by means of this Tent was more readily and effectively medicated, than by any other known method. It was also maintained that for the safe injection of fluids into the cavity of the uterus, it was not the preparatory dilatation simply that was needed, but paralysis of the internal os uteri. I wish now to call attention especially, to this paralytic condition as the important preparatory measure, and as guaranteeing the only safeguard against the hazardous consequences, sometimes resulting from intra-uterine injections.



The muscular fibres of the cervix seem to take but little, if any, part in the contractile actions of the uterus in its unimpregnated state, as may be verified by watching the uterus undergoing contractions from the effects of a foreign substance in the cavity. We will find that in the most violent contractions of the uterus, the canal of the cervix maintains its normal open state, below the internal os. The closing in of the uterine cavity at this point, being the first observable effect of a general uterine contraction.

In the cases in which this result has been observed, the closure of the internal os was the first premonition of contractile action. Hence is apparent the important

necessity of a thoroughly paralyzed condition of the muscular fibres of the uterus at the point of its internal constriction, preparatory to the use of injections into the cavity.

However great may be the cervical dilatation as a pathological condition, injections into the cavity of the uterus can be none the less hazardous, since the normal contractility of the internal os uteri has not been paralyzed.

Until quite recently it was my custom to wash out the uterine cavity with the syringe and warm water, while using from day to day the medicated cloth tent. I now use the tent as a substitute for the syringe, and am convinced that for the purpose of cleansing the uterus of mucus and morbid secretions, it is far preferable, while at the same time it is devoid of the least possible danger.

While treating recently a case of uterine gonorrhœa, in which the cavity of the uterus was the seat of the most intense specific inflammation, and from which there was a free and constant flow of pus and muco-pus, it occurred to me to wipe out the cavity with the tent, preparatory to the treatment. One was accordingly prepared to suit the depth of the uterine cavity, and being well soaked in hot water, it was passed into the cavity to the fundus, and with the forceps several times rotated, and then withdrawn, thus cleansing out the uterus thoroughly and quickly. This was several times repeated, until satisfied that all the morbid secretions had been removed. The medicinal agent was then applied to a clean mucus surface. I have since been using the tent in all cases for this purpose, and am satisfied of its superiority to the syringe, and its much greater convenience and safety, requiring as it does no preparatory dilatations, or other precautionary measures, as necessary for the syringe.

Dr. Byrne of Brooklyn, N. Y., in a recent letter to

me, in speaking of these tents, says: "My friend, Dr. J. C. Nott, showed me one of these some time ago, and I thought then, as I do now, that they are admirably suited to intra-uterine medication especially. However, as I am constantly treating suitable cases by injections (intra-uterine) with increasing faith in the safety and efficiency of that method, I am naturally inclined to prefer it to all others, my reflex tube requiring no previous dilatation, and insuring at the same time a free return of liquids." The success and general efficiency of this mode of treatment must be greatly marred by the probabilities of the opening of the reflex tube becoming clogged with mucus, and necessitating its withdrawal from the uterus before the cavity has been emptied, in which event the internal os would at once close in the remaining fluid, and present an effectual barrier to the reintroduction of the tube. Promising the perfect safety of injections, the mucus surface of the cavity is simply painted over by the wash, while with the tent the remedy is easily kept within the cavity for any desirable length of time, and thus a more permanent and profound impression obtained while at the same time we get its modifying influence by contact and pressure. I have had no little experience with intra-uterine injections, and this was my favorite and usual mode of treatment, until I found superior advantages and greater safety in the tent.

It is in chronic mucus, and parenchymatous inflammations of the uterus especially, that the cloth tent claims superior advantages to all other modes of treatment. Injections will cure, though not so quickly and pleasantly as the tent, chronic endometritis, but will not cure chronic parenchymatous inflammations of the uterus, with organized interstitial deposits. It is here that the cloth tent fills indications which no other remedies or appli-

ances have as yet done. With a properly prepared and medicated tent, we may obtain not only direct and efficient medication, and the modifying influence of its contact to the diseased tissues, but interstitial stimulation is induced to any desired extent by its pressure in the cavity and at the fundus of the uterus. The greater the interstitial stimulation desired, the greater should be the pressure by the tent at the fundus of the uterus.

Churchill's caustic solution of Iodine applied with the tent is a safe, painless and efficient method of intra-uterine medication. Iodine ointment of the same strength is with me a favorite remedy, the tent coated with the ointment being permitted to remain in the uterine cavity for twenty-four hours. This may be repeated every three or four days.

Chromic acid applied to the cavity of the uterus by the usual modes causes no very marked constitutional disturbance, while with the tent, the cavity having been, as we have described, well cleansed, the most marked constitutional symptoms invariably follow, and sometimes to an alarming extent. These invariable symptoms are intense nausea and vomiting, great nervous and muscular prostration.

The circulation is but little disturbed, unless the nausea and vomiting persists for hours, when it becomes greatly enfeebled. I have found some few patients becoming so profoundly and seriously impressed by chromic acid, as to induce me to abandon its use altogether in their cases. I invariably test its effects upon the cervix before venturing upon its use in the cavity of the uterus.

Now, we may ask, why these unusual constitutional disturbances by the chromic acid treatment to the uterine cavity with the cloth tent, and not occurring from the usual mode of probe and cotton? The chemical union of chromic acid and mucus results in an inert

coagulum, as pointed out to us by Dr. Nott of New York. I am convinced that this is the effect by the usual method of its application. When the constitutional symptoms, in greater or less degree, fail to follow the chromic acid application to the uterine cavity, I esteem it sufficient evidence that the remedy has been brought in contact with mucus secretions, and not with mucus tissue.

I will take occasion here to again call attention to the tent as a means of diagnosis, in cases of flexions. In several cases in which it has been found impracticable to introduce the probe (either mutatic or flexible) into the uterine cavity, I have succeeded in passing the tent without the least difficulty.

OVARIAN SECTION BY AN EMPERIC, WITH RECOVERY OF THE PATIENT.

BY WILLIAM H. BRAMBLITT, NEWBERN, VIRGINIA.

(Communicated to the Society, and read March 5, 1872.)

No report of the following case of ovariectomy ever has been, or probably will be, made by the operators, the more than ordinary interest with which it is invested, because of the remarkable procedures in operating and removing the tumor, and the wonderful result in the end, induces me to lay it before the Gynæcological Society of Boston, believing that it cannot be placed in better hands.

A part of the history of the case I am myself cognizant of; for the remainder, as well as for the history of the operation, I am indebted to an irregular practitioner, who has considerable knowledge of medicine, and who practises only for the accommodation of the neighborhood in

which he lives; a thing not unusual in sparsely settled countries where regular physicians are scarce.

In passing to or from duty in the army in 1863, my road led me by the house of Mrs. Collins; age about 37; a native of Grayson Co., Va.; mother of several children. I was called to see her, and found her suffering from symptoms indicating pelvic trouble; I instituted a vaginal examination, and found the uterus healthy with some little deviation to the right; to the left I detected a tumor, not spherical, but rather long and flat. It was about five inches in length, four broad, and two and a half or three in thickness; the attachment, seeming to be to the broad ligament, though, in this, I may have been mistaken as I only made a digital examination, not having any instruments with me. I heard nothing more of the case until, on a visit to the county in the fall of 1867, I was informed by the gentleman, to whom I am indebted for these particulars, that the operation of ovariectomy had been performed upon her, and he then gave me the following history of the case:—

In January 1867, he (my informant) delivered Mrs. C — of a living child, and for a while she seemed to do well. The tumor, then a little larger than when I examined her in 1863, began to grow and increased rapidly in size, and, with the increased size, it became more troublesome to that extent, that she applied to my informant to remove the tumor for her; this he refused to do, alleging his incapacity, and the dangerous character of the operation as reasons for his refusal. She then applied to Dr. —, a recent graduate, who had located in the neighborhood about one year before, who readily agreed to relieve her of her troublesome companion; the day was promptly fixed, and my informant was to assist in the operation.

On April 19, 1867, the day appointed the operation

was commenced by an incision five inches long, on the linea alba, between the umbilicus and the symphysis pubis. After dissecting through the abdominal walls the tumor came into view. The adhesions of the peritoneum were represented as quite extensive, so much so that Dr.—— refused to proceed further. The incision was then brought together with five interrupted sutures and the patient put to bed. The tumor was described as consisting of a multitude of small cysts, but little if any larger than a hazlenut, matted together in a fibrous stroma. In the effort to empty the tumor of its fluid contents, some of the cysts walls were ruptured, but they were so numerous that most of them were left intact.

When the patient came out from under the influence of the anæsthetic, every moment in bed was attended with a discharge of the fluid from the cysts through the abdominal incision, bubbling up between the sutures; this discharge continued, and, on visiting her on the fourth day after the operation, it was found that one of the sutures had given away, and that a portion of the tumor protruded and was in a sphacilating condition; in this condition it was left until the next day, the fifth from the day of the operation, when both surgeon and assistant returned, another suture was cut and about two thirds, including only the sphacilating portion of the tumor cut off with the knife and removed without hemorrhage. The walls of the cysts had continued to rupture after the incision was closed and the fluid contents discharged to the supposed amount of two gallons, reducing the size of the tumor very much. The incision was then brought together with adhesive straps, leaving an opening at the lower angle of the wound for the escape of the fluid which continued to flow.

On the seventh day after the operation the incision was again opened, and the remainder of the tumor found

dead and sphacilating. It was removed, partly by enucleation and partly by section with the knife without hemorrhage, at the point where healthy and dead tissue came together. My informant thinks the starting point of the tumor was the broad ligament, but in this, I think, he might easily have been mistaken. The patient at this stage was well nigh exhausted; tonics and stimulants being necessary. The incision was again closed, with the exception of the lower angle, with adhesive straps, and in a few days the discharge from the abdominal cavity ceased, and she made a rapid and perfect recovery, and is now enjoying excellent health. The solid constituents of the tumor, when removed, in the two portions, from the abdomen, were supposed to weigh five pounds.

TWO NEW CASES OF HÆMATOMETRA IN THE CLOSED CANAL OF A BICORNITE UTERUS WITH DOUBLE VAGINA,—WITH SPECIAL REFERENCE TO THE DIAGNOSIS AND TREATMENT.

OBSERVED IN THE GYNÆCOLOGICAL POLICLINIC OF DR. W. A. FREUND IN BRESLAU.

[Reported by Dr. Freund and Dr. Wheeler of Boston.]

Since the critical essay of Schröder upon this subject,* which includes a notice of all cases reported up to that time, and first called attention to their importance and the difficulties which they offer, the casuistic of the disease has been increased by several cases,† and it has appeared that their diversity is much greater than the simplicity of the accompanying anatomical conditions would lead us to suppose.

* Kritische Untersuchungen über die Diagnose der Hæmatocele retro-uterina, angeknüpft an einen Fall von Uterus und Vagina duplex mit Atresie und Verhaltung des menstrualblutes der rechten Hälfte. Bonn 1866.

† See Literature at end of article.

This diversity in the character of the tumor presented is owing, first,—to the varied seat of the atresia, which may be anywhere between the hymen and the roof of the vagina. Second,—to the different stages of development in which the observer meets with the disease. And here it is worthy of notice that nobody has yet observed the first stage, for the reason evidently, that the appearance of the inconsiderable initial symptoms does not compel a young girl to seek medical aid. Third,—to varieties in the contents of the tumor, which are not necessarily the simple product alone of healthy menstruation, but may be pus, as in the case of Breisky of Berne.

Though but two new cases are here contributed, they are worthy of attention, not only because they present a clinical model of the disease, being in their general features exactly alike, and so clear as to render a satisfactory diagnosis possible from the beginning, but because in both cases the theoretically proper treatment led to the same quick and happy result.

The general indication for treatment is evident, but we shall call attention to the dangers which, in various directions, so seriously threaten, that of twenty cases of operation contained in the Literature of the subject, the result was fatal in nine.

Case I. Miss W., blonde, a well-formed actress of seventeen years, gives the following history: At five years is said to have suffered for a week from retention of urine; commenced to menstruate at thirteen years. First period was very profuse, lasting six weeks without interruption, and attended for two days with cramps and pains in lower abdomen. Menstruation was always irregular, appearing for the most part too late. Three years ago she had three times in succession, at short intervals, six weeks of hemorrhage with severe pain, and was treated for the same in hospital at Innsbruck. Two

years ago she menstruated twice without pain, but since then, till the present time, her courses, lasting, as a rule, eight or ten days, have been attended by molimen, weakness and nausea, pain in hypogastrium and back, frequent desire to pass urine, with now and then retention requiring catheterization, feeling of pressure in external genitals and tenesmus ani. Once, two and a half years ago, she vomited blood. For three years she has been unable to attend to her calling.

July 26, 1870, her condition was as follows: Patient is a well-developed girl, and well nourished, though pale; base of head noticeably broad; hypogastrium unduly prominent, and, upon careful observation, especially so on right side. The external genital organs are well formed. For a clearer understanding of the following description of the internal genital organs, see figures appended to this article. Hymen intact, lower two-thirds of vagina present a perfectly normal appearance, the outline of the closed vaginal aperture retaining its normal conical form. At the upper one-third the introduced finger is obstructed by an elastic, resistant mass, presently to be more particularly described, which appears to project from the right cul de sac. The portio vaginalis is difficult to reach. It lies to the left of the median line, is abnormally high and diminutively small. Only its left posterior portion is to be felt as a projection on the side of the swelling, the right one-half going smoothly over into, and, indeed, forming a part of the wall of the tumor; so that the os externum, which is quite small, round and open, is bounded on the right side by the wall of the diseased mass.

By a bimanual examination it was possible to feel the cervix distinctly, lying abnormally displaced forward towards the anterior wall of pelvis. The corpus uteri could be followed in connection with the cervix as a

small cylindrical body, curving backward and to the left toward the great ischiatic notch.

After this examination the sounding of the uterus was perfectly easy. Length, two and one-fourth inches.

One-half the cervix, as well as the portio vaginalis, was closely applied to the side of the tense swelling. An acute angle could be felt from above between the uterus and the continuation of the tumor.

This abdominal continuation of the tumor extends upwards into the right iliac fossa, and from the median line to the right wall of pelvis, to which it is closely applied, though the whole is slightly movable. Its general direction is on the right, like that of the uterus on the left, from anteriorly and below, upwards and posteriorly. On account of its large size, however, it approaches much nearer the abdominal wall.

The continuity of the whole tumor and the thick fluidity of its contents are also recognized by the bimanual examination, pressure and fluctuation from above being felt in the vagina, and vice-versa.

On account of the great sensitiveness of the abdominal portion of the tumor, it is impossible to bound it more exactly.

To the description of the pelvic portion it may be added that it extends more than an inch below the portio vaginalis, and, of the size of a lemon, seems to press from the anterior part of the right cul de sac downwards towards the median line, its lower end presenting a nearly hemispherical projection. At the level of the vaginal portion the side of the tumor is drawn in, i. e., regarding it as a cylinder the diameter becomes less here.

There could be no doubt of the diagnosis,—Hæmatoma and Hæmatocolpos in the right side of a bicornite uterus with double vagina. There are but two diseases with which it is possible to confound it, viz.: parametritic abscess,

and an extra peritoneal effusion of blood; the first is excluded by the clinical history of the case as mentioned hereafter, while the second occurs, so far as we know,* only in pregnancy, or from traumatic causes.

The girl readily accepted the proposition of an operation which should relieve her of her suffering.

After another menstruation, attended with most severe pain, passed under our observation, the patient was chloroformed, and the vaginal part of the tumor opened in its whole length. The incision was followed by a discharge of a quantity of liquid of the chocolate color and thick consistency, characteristic of the retained menstrual secretion. Intentionally no attempt was made to hasten its discharge, but the evacuation of the fluid left entirely to nature. The manner in which the discharge took place was striking, the vaginal and uterine portions of the tumor acting independently of each other. The contents of the vaginal part ran out easily, with collapse of the thin septal wall, while the uterus, being thus excited, commenced to contract, expelling its contents slowly in an interrupted stream, and this process, naturally a painful one, occupied five days. Examination at the end of this time gave the following result: In place of the former tumor was a loose sack. The artificial opening allowed the passage of one finger, with which the os of the right uterus could be felt as a round aperture, open for the end of one finger, portio vaginalis much like that of left uterus, i. e., with external periphery well marked, while the inner portion passed, with a very slight projection only, into the wall of the vaginal septum. The right uterus, closely resembling the left in shape and position, was still somewhat larger, of a longer pyriform shape, and superficially uneven. Length of cavity two and one-half inches. The left uterus remained in its previous

* Schröder l. c. p. 40.

condition, except that the right half of the portio vaginalis had become distinguishable at its junction with the now loose septum. Moreover, the two uteri were distinct in their whole length from fundus to vaginal portion, and lay at an acute angle, one with the other.

The next menses appeared at the proper time, issued from both cavities, and were attended with but slight pain. The opening in the septum was nearly closed, and a piece therefore, one by one-half inches, was removed. Patient remained under treatment for several weeks after this, on account of a slight perimetritis of the right cornu, and was discharged well on the 15th of September.

She was seen again and examined April 20, 1871. The two divisions of the genital canal were almost alike, and patient in excellent health. Feb., 1872. Is healthy and in active pursuit of her calling.

Case II. Miss R. S., sixteen years old. First menstruation at thirteen, attended by fainting turns. Three months of amenorrhœa followed, unattended by annoying symptoms; then regular menstruation followed, accompanied at first with little, later with more, and for a year past with excessive pain. The patient dates the difficulty back to a cold taken at her confirmation, and according to the account of the mother, patient, when nine years old, used to have pain in right leg, and at twelve fell down stairs, with concussion of the spine; these symptoms were mentioned because, in the opinion of friends and attending physician, they were amply sufficient to account for the present condition of the patient.

Till fifteenth year great pain was confined to menstrual periods, while after this it was continuous, though with monthly exacerbations. Menstrual discharge was earlier, profuse and red, of late scanty and pale. The last

period was attended with severest symptoms, as follows: Continuous hypogastric pains now and then, increased by uterine contractions, severe chills without following fever, delirium, somnolency, trismus for hours at a time, vomiting, tenesmus, and frequent desire to pass urine.

March 4, 1872, her condition was as follows: Patient is a strongly-built, externally well-developed girl, features large, but base of head not noticeably wide (a peculiarity which has been noticed in several other cases, as well as our first). Right hypogastrium is slightly prominent and tender on palpitation. Internal examination showed hymen intact. At junction of lower and middle thirds of vagina the finger is obstructed by a cylindrical tumor projecting from the right wall of vagina. The lower end, in size of a small lemon, projects free into the vagina. In upper one-third of vagina the diameter of the tumor becomes less, and ascends as a smaller cylinder to the cul de sac, filling it full, so that it was only by the most careful examination that it was possible to discover the os uteri as a small opening like a leech bite on the neck of the tumor, high up in the left cul de sac. Only the larger lower portion gave evidence of fluctuation, the neck being firmer. Examination from vagina and external abdomen discovers an illy-defined tumor of considerable size in right hypogastrium. From rectum a small uterus is felt on left.

March 6, after evacuation of bowels and bladder an examination was made under chloroform. First the continuity of the two portions, vaginal and abdominal, of the tumor was confirmed, and the uterus felt on the left, standing at an acute angle with the tumor, knowing its position the introduction of the sound was easy. Length two inches. The diagnosis of a fluid collection in the closed right side of a double genital canal, admitting in this, as in the former case, of no doubt, a free opening was made

with a bistry. The discharge of a fluid entirely similar to that already mentioned, followed, as before, at first in a continuous stream which later became interrupted with the accompaniment of uterine pains.

Microscopical examinations of the fluid showed, fresh blood corpuscles, red and white, as well as those in various stages of demolition, some filled with granular coloring matter. Large cells also filled with colored granules, probably white blood corpuscles which in their motions had folded in the particles and retained them. Abundance of free lying coloring matter. Epithelial cells and detritus. No hæmatoidin crystals which seldom form in masses of blood like this, though common when blood is infiltrated into the tissues.

For eight days, at various intervals, daily, the same fluid continued to be discharged without annoying symptoms and with great relief to the patient.

On 22d, menses appeared at proper time after light chills preceded by slight fever, and now at the end of a week still continue. Patient has meanwhile felt well, and has been about as usual. Two partial examinations were made before the appearance of menstruation, the first discovered the septum still open and the os of the right uterus passable for two fingers. The extreme sensitiveness did not allow of a more particular investigation. Just before the appearances of menses the artificial opening had contracted so as to be passable only for the sound, the still continuing slight discharge was interrupted, purulent and offensive, the two uteri nearly equal in size. The case may therefore be considered complete, nothing remaining but the inconsiderable operation for the removal of a piece of the septum.

As regards the pathological anatomy these cases present but two peculiarities. First, the entire separation of the two uteri in the first case, a form not before observed

in combination with hæmatometra. Even here the vaginal portion of the left uterus was so distended as to be nearly undistinguishable on the side of the tumor, and it was only after the operation that the true state of affairs, i. e., the entire separation, could be made out.

In the second case, where there was a real junction of the two cervixes, the disappearance of the left vaginal portion was still more complete, and the os existing as a depression on the side of the tumor, was the guide to the uterus.

The second peculiarity is the similar morphological condition of the tumors in the vagina, both being larger below and contracted above, like a nine pin or a partially filled bladder.

The distended lower end of the tumor being at a different height in the vagina in the two cases, it is clear that the symptoms can rest upon no anatomical ground; the same parts being in the one case distended, and in the other contracted. The idea of Schröder can therefore not be correct, who, finding the distention still lower down ascribed it to the greater elasticity of the hymen. The circumstance is better ascribable to the mere gravity of the collecting fluid, which would, like the collection of the fæces in the rectum, distend the lower portion most.

As to diagnosis, the main thing is, always in case of a fluid tumor at the side of the vagina, to have this malformation in mind. The only disease with which it could be confounded is paramitritic abscess, and that only in a case like our first where the atresia of the vagina is above the pelvic fascia, i. e. above the levator ani. From this error however we are safely protected by the history of the case and the condition of the patient when seen, viz., without fever, and the symptoms not being continuous, but existing for a long time with monthly exacerbation. Extra peritoneal hæmatocele has been mentioned.

PLATE I.

FIGURE 1.

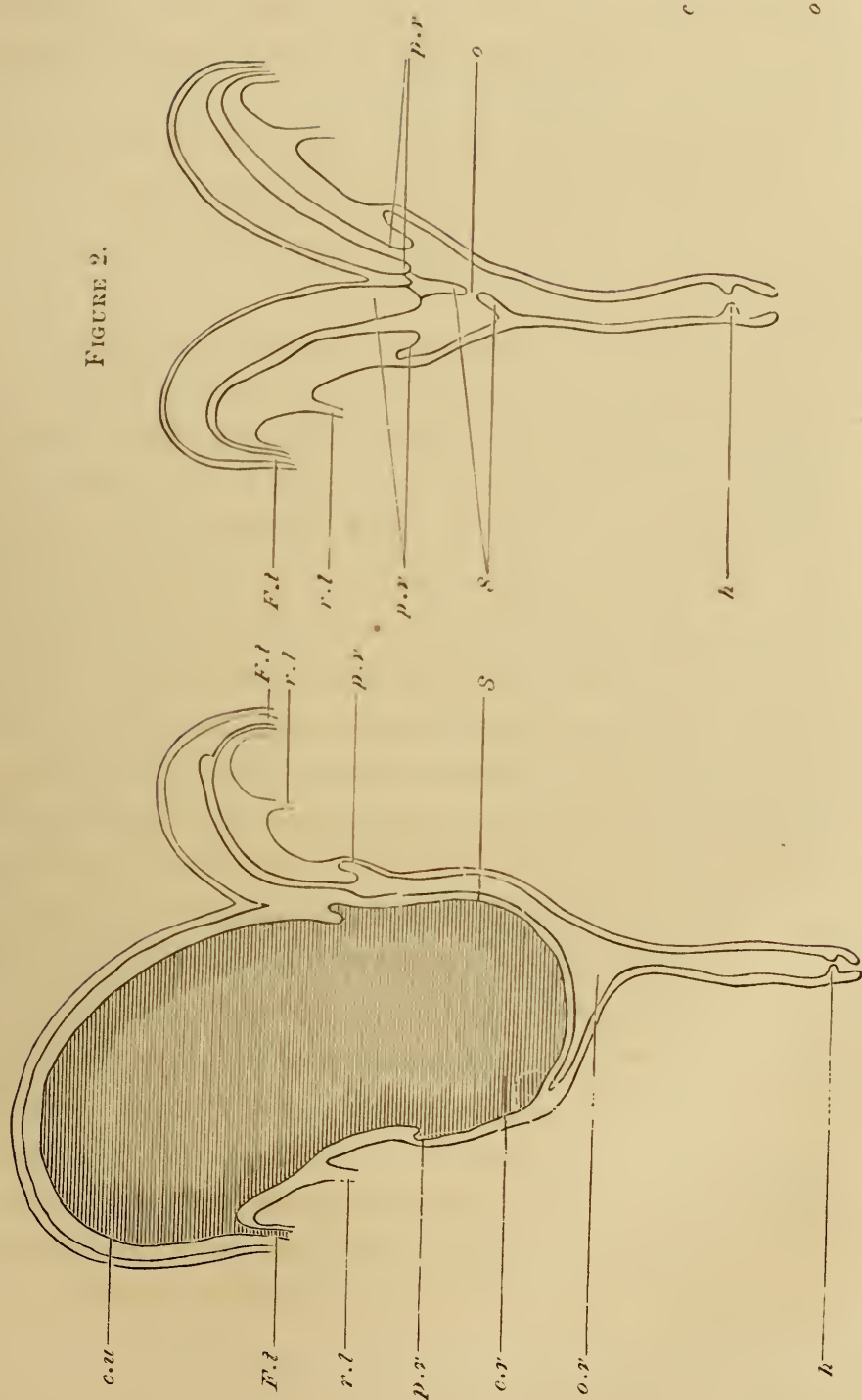


FIGURE 2.

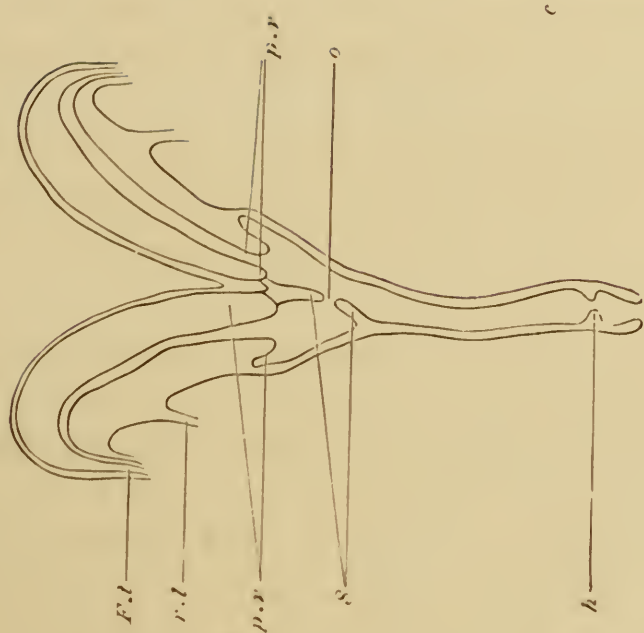
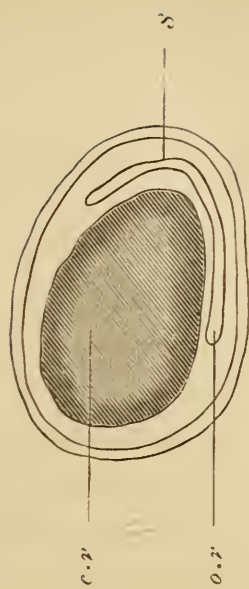


FIGURE 3.



The bimanual examination is a necessity for the diagnosis, and must be combined with more than ordinary precaution, for although no accident from this cause has been published, still in case of a thin-walled uterus, or a distended tube, a rupture might easily be produced. And again the existing chronic inflammation which plays so important a part in prognosis might be unfavorably influenced, a simple chronic being kindled into a fatal acute form, as frequently happens in Hæmatometra from simple atresia of the cervix. This was the final cause of death fourteen days after successful operation by Dr. Freund in a case of Hæmatometra with total defect of vagina.

The prognosis depends not so much on the duration of the disease as on the complications. Most important of these is contemporaneous disease of the Fallopian tube, which may rupture during, or soon after the operation, with necessarily fatal result. The long unexplained cause of this accident is the uterine contractions. The operation acts like the rupture of the membranes in retarded labor. In the one case, as in the other, decided pains follow immediately upon the commencing discharge of the fluid, causing rupture of tube or uterus if the resistance below is greater than that which the thinned walls of the distended cavity above can offer, which is the case when the opening is too small for the easy escape of the thick fluid.

The cause of the filling of the tube in one case and not in another is not explained. It certainly does not depend upon an excessive amount of fluid, since the tube is often complicated where the collection is small, and remains free when the distention of the uterus is greatest.

Wherefore it is probable that the whole complication depends upon an independent disease of the tube, accompanied by dilation; for instance, chronic catarrh.

Constitutional disease ; for instance, tuberculosis, would render the prognosis out of proportion, unfavorable.

Treatment. That the first condition for treatment is operation, that is, provision for a free discharge of the retained fluid is a matter of course. That the sooner operated the better, is just as clear. All depends therefore upon an early diagnosis. Moreover the recognition of the disease is easier at an early stage when too on account of the absence of complications, the prospects of recovery are more favorable. In consideration of the above mentioned dangers which attend the treatment, there are these two indications to fulfil, viz, to provide for a free discharge of the fluid, and to avoid all causes of uterine or peritoneal excitement, i. e., first, a large opening, and second, performed narcosis during the operation, and avoidance of all pressure to hasten the emptying of the sack. For the same reason evacuation of bladder and rectum is important.

The method of operation in Shrøder's case (removal of a piece from the septal wall) is certainly the proper one, avoiding as it does the necessity for any later interference, but it is applicable only in such a case as his, where the tumor projecting outside the vulva, is easily accessible. The excision of a piece from the wall of the tumor in either of our cases was simply impossible, the tumor being so hard to reach, and the flooding discharge immediately and totally obscuring the field.

In these cases therefore, a long incision was made, and the completion of the discharge left entirely to nature, the patient keeping quietly in bed till the process was completed, and finally after the next menstruation, which in both cases followed immediately upon cessation of the abnormal discharge, a piece was excised in the first, and will be in the second, in order to insure a permanent outlet.

FIGURE 1.

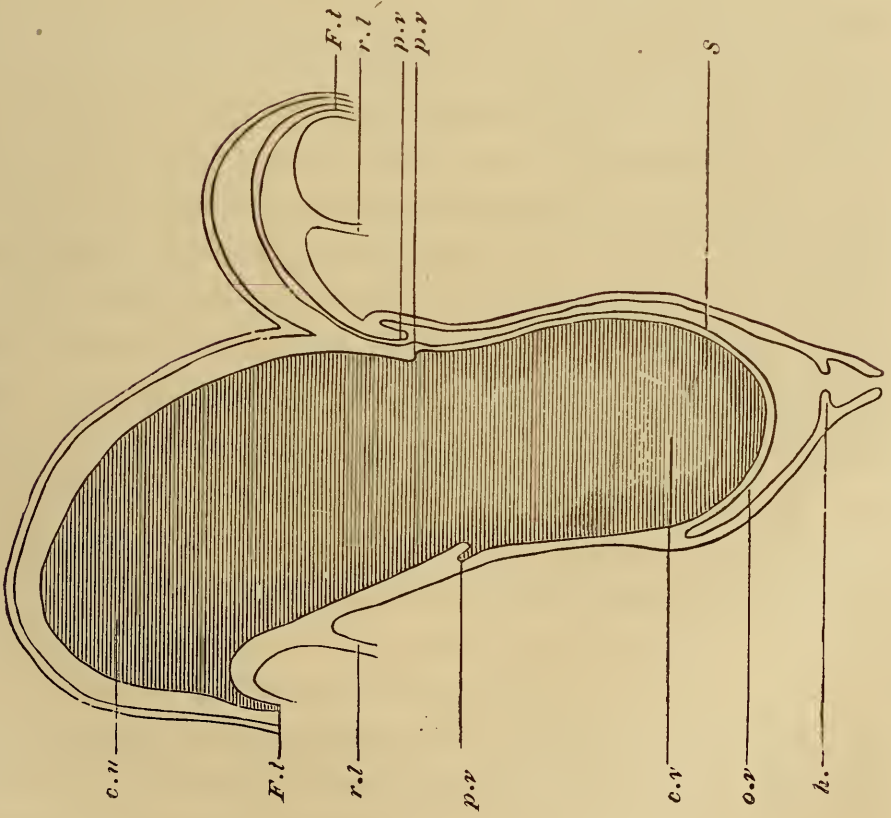
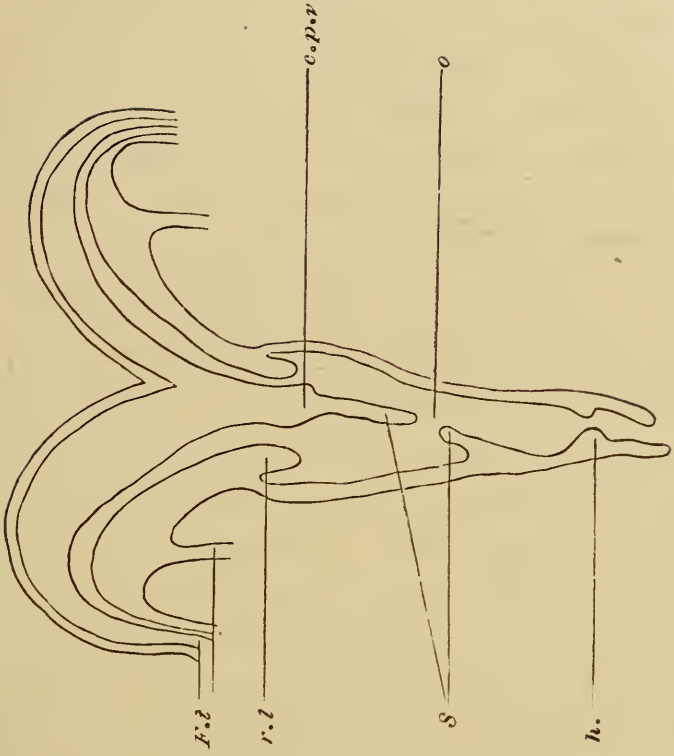


FIGURE 2.



These two cases being in all their features so clear, the diagnosis being made from the beginning, and the success of the treatment being complete, they present almost perfect clinical examples of a rare disease, and their presentation to the reader, therefore, seems to us justifiable.

LITERATURE.

Schröder in the essay already referred to gives fourteen cases of the disease, all he could find published. Eight reported as such, and six in which the diagnosis of ante-uterine hæmatocele was in all probability wrong, all being really cases of this malformation. Neugebaur of Warschau (*Archiv. für Gynæcologie*, Band II, Heft 2, p. 246) adds two cases of his own, and mentions six others reported since Schröder. He makes moreover particular reference to the whole literature of the subject. More recently still, Breisky of Berne has reported two cases, the first in *Archiv. für Gynæcologie* B. II., Heft 2, p. 84. The second in the *Correspondence Blatte für Schweizer Aertze*, No. 3, see also *Ar. f. Gyn.*, B. II., Heft 3, p. 451. In all these, with the two here reported, twenty-six cases. In sixteen the diagnosis was correctly made. Operation was performed in various ways in nineteen, of which seven ended fatally. Of the other seven not operated cases, in one the tumor was accidentally opened through the uterine septum in an attempt to sound the healthy uterus, and patient recovered; one died at twenty-four of heart disease, and two died as the result of the malformation. The complete reports of the other three cases are not accessible to us.

EXPLANATION OF PLATES.

Plate I., figure 1. Vertical lateral section (the body, i. e., being divided into anterior and posterior halves) of first case previous to operation. c. u., closed uterus. c. v., closed vagina. o. v., open vagina. s. septum. p. v., portio vaginalis, r. l., round lig. F. t. Fallopian tube. h., hymen.

Figure 2. Same after operation. Lettering as before. c. p. v. common portio vaginalis, o. opening in septum.

Figure 3. Transverse section of vaginæ before operation.

Plate II. Similar drawings of second case. Lettering as above.

THE RELATIONS OF THE FEMALE SEXUAL ORGANS TO
MENTAL DISEASE.*BY PROF. LEWIS MAYER, OF BRELIN. TRANSLATED BY GEO. H. BIXBY, WITH NOTES
BY HORATIO R. STORER.[*Read before the Society, May 3, 1870.*]

IX.

THE INFLUENCE OF CERTAIN MORBID CONDITIONS OF
THE FEMALE SEXUAL ORGANS UPON THE MIND.

I hasten to the consideration of certain morbid conditions in the female sexual organs in their relations to mental disease. It is a generally accepted fact that insanity may be caused by diseased conditions of the different organs of the body. If this be true, can it not with even more reason be inferred that the same may obtain in regard to diseases of the sexual organs. This is certainly my opinion, and I agree fully with Guisland when he affirms that of all the internal organs, the sexual exert the most powerful influence upon the mind. This interdependence is easily overlooked unless a careful examination is made in every case. The accomplishment of this end would be attended with the greatest difficulties, I refer to the persistent unwillingness of the patient to submit to an examination, from delicacy of feeling, and also from a firm determination to keep from her friends and attendants any present or past signs of insanity. Thus is it not until after a long acquaintance and repeated trials are we able to accomplish our purpose. By a glance at my own practical experience it will be seen how strikingly the above mentioned conditions are confirmed. During the last two years in which I have given this subject particular attention, among one thousand and

* Continued from this Journal, January, 1872, p. 46.

twenty women and girls who have consulted me for diseases of the sexual organs, ninety were mentally affected to a greater or less degree ; whereas, among one thousand four hundred and four, noted in my Journal in former years, I find but forty-one cases. In the records of the clinic, where little or no attention was paid to this subject, I found but fourteen cases among five thousand four hundred and thirty. From my own experience I attribute this great discrepancy to the greater or less degree of accuracy with which these observations have been made,

The limited number of works extant upon this important subject,* and even upon the anomalies of menstruation, prove conclusively that this subject has never received the attention it deserves. When considering the different relations of sexual with mental diseases, we saw that they act not alone, but as a link in a long chain of predisposing or occasional injurious influences ; and further, by hereditary tendencies, are developed, increased, and confirmed. I alluded to the difficulty of discovering and recognizing all the different causes in order to establish a clear diagnosis.

While on the one hand we should not underrate the importance of the influence of the diseases of the female sexual organs, on the other, too great stress should not be laid upon them. It would be far too sweeping to declare

* Brosius: Ueber Uteranal Congestionen und Gemüthsleiden. Allgemeine Medic. Central-Zeitung XXVII. 27. Stück, 1858, April, 209, und von denselben: Das Innein der Hystere-shen. Irrenfreund, VIII, 1866.

Meyer: acute hysteric. Virchow's Archiv Bd. 9, S. 98. C. Azam: De la Folie sympathique provoquée ou entretenue par les lésions organiques de l'uterus et de ses annexes. Bordeaux.

O. Müller: Vortrag über die chronische Metritis in ihren Beziehungen zu psychischen Erkrankungen. Allgem. Zeitschr. für Psychiatrie und gerichtl. Medicin. XXV, 3, S. 421, 1868.

Wiebeke: Fälle von Complicationen mit uterinen Störungen. Allgem. Zeitschr. für Psychiatrie und gerichtl. Medicin, etc., 1866, p. 119.

Barclay: Ueber hysterische Manie. Med. Times, 1861. Allgem. Zeitschr. für Psychiatrie. etc., 1862.

Guibot et Marel: Fälle von hysterischen Irresein. l'Union 1865. Allgem. Zeitschr. für Psychiatrie, 1866.

Webster: Ursachen der Geisteskrankheiten Med. Chirug. Transact. 1849. Schmidt's Jahrbücher. Band 66, S. 253.

Kieser: Sectionsbefund bei Geisteskranken. Württemberg Med. Corr. Blatt, 1860, p. 40. Schmidt's Jahrbücher. Bd. CXI, S. 84.

that all mental diseases in women are caused by diseases of their sexual organs. Such it would seem was the case in the majority of forty cases of sympathetic mania, reported by Azam, which is certainly not substantiated; for in the Register of Autopsies at the Asylum for insane women at Bordeaux, there are reported among other cases of mental affections, twelve of malignant disease, also severe brain affections, typhus, pneumonia, and tuberculosis, which latter in our opinion, least of all should have been ascribed as the cause of the mental derangement. Post mortem appearances without previous knowledge of the case, afford little or no clue to insanity, for its manifestations and nature are only apparent during life. In the physical disorders however, that generally occur in connection with mental, there may be present in the nervous centre certain important evidences of the existence of mental disease during life. The inter-dependence of mental disease with morbid conditions in the sexual organs is unquestionable in those cases where both commence and end simultaneously. *Sublata causa tollitur effectus*. The same is true when the physical ailment exerts a morbidly disposed but not a direct influence upon the mental. The most obscure of all is that form where certain injurious influences are followed by disturbances in both the mind and sexual organs, the same occurring simultaneously, the latter persisting after the removal of the former; or where existing mental derangement does not yield after the cessation of the original cause. In all of these forms we shall be able to detect, at least, certain evidences of the inter-dependence of the mental and physical, when ever it so fortunately happens, that the sexual trouble subsides simultaneously with the mental.

It is exceedingly difficult, and often impossible to distinguish the casual moment in case the insanity persists after a cure of the sexual disease; for in such there

exists the possibility that the sexual disease may have had no relation with the mental, but was only the effect of the same. The nature of this inter-dependence, its precise physiological relations has not as yet received a satisfactory explanation. As in all physical causes of insanity its action is divided into two forms, the physical and the psychical. The relationship seems to be established unconsciously, as if by sympathy, in the same manner as that which obtains between other organs of the body, not functionally related. "The uterus," says Lisfranc, "is a focus from which radiates sufferings, not perceptible in itself, but at points more or less removed."

The nerves, reflex and irradiations, the blood, (circulatory disturbances) and the tissues, (faulty nutrition) are the mediums of that sympathy which remains until the removal of the original cause, and the re-establishment of those functions that have been sympathetically diseased, unless the original trouble be incurable or independent.

On the other hand the mental action or consciousness may play the most important rôle. The patient lays great stress upon the slightest abnormal manifestation or functional derangement, is excessively sensitive, is convinced of the seriousness of her disease. Her mind becomes more concentrated upon herself, and removed from external affairs, until, finally, she becomes fully insane. In one way and another all these hereditary or acquired morbid conditions affecting single parts, from the slightest and least apparent to the most severe; as for instance, in the entire sexual apparatus, become directly or indirectly the cause of insanity. The intensity of these injurious influences does not stand in like proportion to the severity of the sexual disease.

This goes to prove the generally accepted theory that the causes of mental and nervous disease are closely related. By far the most prominent of those forms now

under consideration are the irritative and the inflammatory conditions of the sexual sphere. These latter not only operate independently and alone, but they exercise a very important influence in other forms of sexual disease, by operating upon the system in numberless ways, by inducing disturbances in the circulation, innervation and nutrition. That of the circulatory system manifests itself superficially, and not unfrequently upon the internal organs, such as the ovaries and tubes. Hyperæsthesia, disturbed functions, and other morbid conditions in the same will aid in the diagnosis. If the latter indications are wanting, which can unquestionably be the case, then are we deprived of one of the most important aids to the diagnosis. Slight disturbances of nutrition, molecular movement of the tissues, and especially the changes in the excretory organs, are inaccessible to direct clinical observation.

I will now briefly allude to these different conditions in respect to their influence upon mental life.

I. DISTURBANCE OF THE CIRCULATION. Vascular disturbance without any apparent manifestation may be divided into two forms, general (dyscrasia) and local, (edipathic) anæmia and hyperæmia of the sexual organs. Its influence upon the nervous center is based upon the general dependence of all constituted parts of the body upon one another, (diffusion) as for instance, the capability of the organism to equalize and transmit the disturbance to distant organs. Anæmia of the female sexual organs, although a frequent collateral phenomenon of chlorosis, seldom extends to all the organs. I have observed it in a case of precocious involution of the uterus, in the person of a young and by no means anæmic female. In certain parts, as for instance the vagina, it occurs in a compensatory form. In the uterus it is not unfrequently the sequent of chronic passive congestion,

with an inflammatory character. The labiæ are pale, the entire organ enlarged, not however, from an increase of its constituent elements, but from intra-parenchymatous exudation. The vulva and vagina may be in a condition of hyperæmia. The sequents of anæmia are, irregularity, lessening and interruption of the function, dysmenorrhœa and cessation of the catamenia; lessening of sensibility in the local nerves; reflex manifestations occurring along the track of the different nerves; mental depression, which may lead to the most severe form of mental disease; active or passive hyperæmia of single parts of the entire sexual apparatus are never found either as the cause or the result of hyperæmia of large vein flexus.

Active congestion of the sexual organs occurs physiologically in menstruation; also in those other specific actions of the blood, as the excitation of the sensitive nerves of the skin and mucus membranes of the sexual organs, that incite sexual pleasure.

Active congestion occurs frequently also, pathologically. The more common causes of which are external mechanical irritation by friction, etc., too frequent coitus, physical over-exertion, palpitation by congenital or acquired want of resistance in the walls of vessels of the genital organs, by a compensatory increase of the heart's action on one side, by some obstruction in the circulation in the neighboring parts, such as the bladder, rectum and abdominal cavity; or from mental emotions, such as joy, anger, etc., all of which tend to induce the so-called paralytic hyperæmia. In their effect these latter resemble that produced by sexual excitation, for in a like manner the cerebro-spinal irritation exercises here also an excitation of the nervous centers, which moderates the vasa-motor apparatus of the great sympathetic. The effect of these influences is to dilate the blood-vessels by

relaxing their muscular coats, thus causing a greater flow of blood, and finally fluxion or congestion.

In active congestion the parts are injected, varying according to the amount of congestion in the vulva and vagina, and the extent of the objective or subjective pulsation. Active congestion is often accompanied by a most disagreeable symptom, namely, epigastric pulsation, which seems to be located in the arteria cœlica and mesenterica superior, and aorta. The increase of temperature, or burning sensation attending congestion, is owing to the rapid passage through the vessels, of an increased quantity of arterial blood. The compromising of the functions in particular parts is caused by pressure of the dilated blood-vessels. The parts become swollen from intra-parenchymatous exudation; the latter protrudes through the vaginal and uterine mucus membrane, and hemorrhage follows the rupture of superficial vessels. The nerves of the periphery take on abnormal sensations, which manifest themselves in the form of itching and burning in the external genitals, by intense sexual excitement, and dull, deep-seated pains in the pelvic organs. As a result of these local irritations, all sorts of distant nervous manifestations are awakened. Through the reflex action of the cerebro-spinal nerves, even the brain becomes the seat of consecutive hyperæmia. The deep red flush of hysteria, occurring in the neck and face, and attended with a burning sensation, and not unfrequently with vertigo and dulness, restlessness, wakefulness and general hyperæsthesia, may also be the result of this irritation.

When these latter have existed for some considerable length of time, and the mental emotions are affected with exaltation and depression, by the intervention of other deleterious influence they may lead to actual mental disease.

A sudden change of the voice, unrestrained joy, fickleness of temper, a disposition to weep, painful sensations, unrest, disgust, and loss of mental and physical force, proceed gradually to insanity.

(To be Continued.)

GYNÆCOLOGICAL SUMMARY.

BY GEORGE HOLMES BIXBY.

VI.

To continue with No. 4 of Vol. III. of the American Journal of Obstetrics and Diseases of Children, February 1871, we give the conclusion of the interesting discussion by Drs. Goodell and Harris upon the latter's paper on "Early Puberty."

"On the other hand; granting that the morals of tropical America could be improved, they certainly are not so bad as those of oriental countries, and not a whit worse than those of Italy, or of Russia. Again—so far as he could learn—statists had not contended for that precocity of menstruation in the women of Mexico, Central America, and of Brazil, which they had claimed for those Eastern females living in the same latitudes. Further, the argument adduced from the utter depravity and promiscuous cohabitation of the English Harvest hands, is not sound, so far as it is used against the influence of immorality upon the development of early menstruation; because, although the abuses were so glaring as to demand a parliamentary inquiry, yet these laborers are both under-fed and over-worked, two conditions of life which tend to delay the period of puberty.

“He further stated that early menstruation is the rule, in even the temperate regions of Turkey and of Persia. It is notoriously so in Constantinople ; a city situated in a higher latitude, and less oppressed with heat than Philadelphia. The causes of this, in his (Dr. G.’s) opinion, lie not only in the direct stimulation of the oriental bath, but also in the fearful morals of those countries. But that the proof of the latter point would demand a specification of some of the national vices, from which he shrank, as he feared that even the obscure hints he would strive to use would yet overstep the bounds of decency.

“All the sins enumerated in the first chapter of Paul’s Epistle to the Romans, and others not therein contained, but noticed by Prof. Tholuck in his “Nature and Moral Influence of Heathenism,”* are openly practised by oriental nations. That unnatural love,† of which Sappho was accused by the ancients, has a name and a wide spread existence in eastern *harems*. All those abominable parts of speech which are expurged from our Latin and Greek text-books, and which describe the refinements of a cloyed sensuality, are as familiar as household words in Turkish society. Marriage was usually consummated just after, although often enough before, the first appearance of the catamenia ; and when a good match is pending between a young girl and an exacting adult, various measures are adopted to urge on the sexual molimen, such as saffron and cinnamon tea, highly seasoned food, and such vile local excitations as are recommended by Albuca ssis, Avicenua, and other Arabian physicians. Among Mohammedan and heathen nations, the social chat of even the upper classes would put to blush our ancestors, who read aloud to fire-side circles the plays of a Congreve or of a Wycherley. Their street ballads reek with inspissated filth ; their

* Biblical Repository, 1832, p. 441.

† “Mentitu. que virum prodigiosa Venus.” Martial, 1, 91.

nursery rhymes exhale an impure miasm ; the very cradle songs are corrupt. On great festive occasions in Constantinople, when all the women, high and low, rich and poor, gather at such favorite resorts as the Heavenly Waters or the Valley of Sweet Waters, he had repeatedly seen the mothers and daughters of the land regaled by strolling bands of gypsies with songs and pantomime, which imitated with scrupulous detail, by words and action, the most wanton dalliance of unbridled lust.

“ But apart from these moral provocatives of precocious menstruation, there was yet another of a different character, and not so generally known. In all Mohammedan countries, less from religious ideas of cleanliness, than for some prurient reason, there obtains a universal custom of removing the hair from the pudenda. For this purpose whole households, including the youngest children, repair, at least once a month, to the public baths, where a depilatory is applied even to the pubescent by the skilled but depraved attendants.

“ Now—excluding the moral effect on a young girl of such a manipulation, or of even the spectacle of its exhibition on scores of women around her ; excluding also the influence of the obscene language always indulged in on such occasions—as orpiment is the chief ingredient of this depilatory, great local excitement is not infrequently induced by this immoral practice. That it was true that chemists are still at issue, whether this tersulphuret of arsenic is poisonous or not ; but that he (Dr. G.) had been informed by credible native physicians that pruritus, or other forms of obstinate cutaneous and mucous irritations were not the uncommon results of its application. Indeed, that he himself shared with other physicians the opinion that the ptosis and chronic œdema of the eye-lids—when not attributable to ophthalmia—the bleary eyes and paralysis agitans, so common in the adult Turkish

female, are in a great measure due to the absorption of this preparation of arsenic through the walls of the vagina, and through the mucous surfaces of the labia.

“ In conclusion ; if it is found that the excitements of a town-life hasten on the catamenia by one year, as is proved by the researches of Szukits in Vienna, and of Brière de Boismont in Paris ; if, as the latter observer states, amongst the upper classes of Parisian society the average age of puberty is so early as thirteen years and eight months ; and finally, if the stimuli of sensational novels and of theatrical entertainments are everywhere accused by thoughtful observers as the hot-beds which force on the menstrual molimen, how much more shall an indescribable looseness of morals goad on the sexual instincts of the oriental female to an early recognition.

“ Dr. Robert Harris replied to these remarks as follows :—

“ The more I investigate the question of the causes of early menstruation, the better am I satisfied that the influence of moral training has less to do with it than that of climate and race ; for if this was the case, then we ought to find in England and Wales numbers of very young mothers amongst the lower classes, not only in the large cities, but also to a great extent throughout the country, which we find not to be the case, the youngest well authenticated instance being more than two years older than the youngest reported in the United States. There is no question but that the Hindoos, Turks, Japanese, and other inhabitants of warm countries, are trained from early childhood in the most immoral manner conceivable ; but this is also, and to an equal extent true, of a large class in Great Britain. The dark races of the earth appear to be more precocious than the white, even when under the same climatic stimulus. The negroes of Africa menstruate at a very early age,

as will be learned from the records made in Sierra Leone and Abyssinia; and it has also been observed in our Southern States, even where the climate is not hot, that numerous example of menstruation at the age of ten, eleven, and twelve years, are met with in the same race.

“ From a work entitled, ‘ The White Slaves of England,’ compiled from original documents, by John C. Cobden, I extract the following, with regard to the moral training of the laboring classes in that kingdom :

“ Beneath the wing of a government professedly Christian, there is sheltered a vast number of people who must be characterized as heathen, whose moral degradation it is appalling to contemplate, and whose code of morals is the creature of their sensual inclinations. The English peasantry are more demoralized than those of any country of Europe, if we except Russia, Turkey, South Italy, and some parts of the Austrian Empire. People of both sexes, and of all ages, parents, brothers, sisters, and strangers, sleep in the same room, and sometimes as many as six in a bed; undress and wash in each other’s presence; and women are delivered where men, women and children are crowded together. The children consequently lose all sense of the indecency of such a life, adultery and incest are common, and illicit intercourse is thought of as nothing, the woman not losing caste by it.

“ In the ‘ public lodging houses,’ where the vile of all ages hire a night’s shelter, the most disgusting immoralities are practised, children of both sexes, from ten to fifteen years old, sleeping naked together, a dozen in a bed, indulging in promiscuous sexual intercourse, and often dancing upon the floor as many as two dozen at a time in the same nude state.

“ Mr. Mayhew reports: ‘ I have seen fathers and mothers place their boys and girls in positions of incipient enormity, and command them to use language and ges-

tures to each other which would make a harlot blush, and almost a heathen tremble.' 'In Liverpool, Manchester, and Birmingham illicit sexual intercourse among the lowest class seems to prevail almost universally, and from a very early period of life; to this common conclusion witnesses of every rank give testimony.'

"Surely, if a highly immoral training induces an early maturity in the uterine system, then we ought to find numerous instances of precocious menstruation and pregnancy among the peasantry of England, but we do not. That mental excitement does have some influence over the age of puberty is generally believed, but in my opinion too much credit has been awarded to it. It is a little singular that out of four cases which have recently come under my notice, aged nine years and five months, eleven years and nine months, twelve years and two weeks, and twelve years and six months, not one had been subjected in the least degree to any moral or mental exciting cause. To moral influence is generally attributed the earlier menstruation in cities as compared with the surrounding country; but in my judgment, this is only one of many exciting causes, which, like the heat and moisture of a hot-house, conduce to early fructification, associated with delicacy of growth.

"In determining the influence of race upon early maturity, it will be necessary to observe the effect produced upon the same people in different climates, which is a matter as yet of very difficult accomplishment, except as regards the negro, and some few of the white races; for the Hindoo, Arabian, Turk and Orientals generally confine themselves to their own countries, and seldom remove to cool climates. Where the white and the negro live in the same country, especially where the climate is hot, or very mild, the latter is evidently the more precocious of the two, though not very markedly so, the difference on

the average being a fraction alone. In cold climates, I do not believe that there is any difference, as then the negro is subjected to the depressing effect of a low temperature, which has a more proportioned influence over her than upon the white, she being evidently intended for a hot country."

No. 1 of Vol. IV, May, 1871, contains a paper by Dr. Herbert Féarn, of Brooklyn, N. Y., upon *Veratrum Viride* as a substitute for blood-letting in puerperal convulsions.

Dr. John Ellis Blake, of New York, reports three cases of uterine fibroid, and Dr. J. H. Pooley, of Yonkers, a case of absence of the uterus and vagina, and an operation for the relief of the latter, as follows :

"Eliza Taggart, æt. 21. Born in this country, of Irish parents ; of dark complexion and medium height. She states that she has never menstruated, and although she has a monthly menstrual effort or molimen, characterized by headache, languor, pain in the back, and fullness and uneasiness in the breasts, she suffers no inconvenience at any other time.

"For this condition of things there was discovered, upon examination, an anatomical physical cause, in the fact that she has no vagina, and no uterus, or at least nothing distinctly recognizable as such. In other respects she is well formed, her breasts are large and full, her figure is strictly feminine, and the external organs of generation are perfectly normal, the mons veneris being abundantly supplied with hair.

"Just below the meatus urinarius is a shallow fossa or depression, in which no opening or aperture, however small, can be detected, and to the sense of touch it gives no evidence of fluctuation, or a cavity above it, but feels quite solid, even on the firmest pressure. By conjoined manipulation, with the finger in the rectum, and a cathe-

ter in the bladder, I could feel no intervening body, although Prof. T. G. Thomas, who also examined the case, thought he detected something occupying the usual site of the uterus; which might be an undeveloped uterus, or a mere thickening of connective tissue at the point of coalescence of the oviducts: the ovaries could be distinguished.

“Owing to the possibility of there existing a rudimentary uterus, susceptible of development, and as at least a vagina might be constructed, I determined to perform an explorative and experimental operation; and admitted the patient into St. John’s Riverside Hospital, Yonkers, for that purpose.

“On the 26th May, 1870, I performed the following operation in the presence of the medical staff of the Hospital and several other medical gentlemen:

“The patient was placed upon a convenient table in a good light, upon her back, in what is commonly called the lithotomy position, and rendered insensible by sulphuric ether; a staff was then introduced into the bladder, and a full-sized rectal bougie into the rectum, and a dissection, extending from just below the meatus urinaris to the posterior commissure of the vulva, was carried slowly and cautiously upward in the axis of the pelvis for four or five inches. No uterus could be found, though diligently searched for; but an artificial passage was formed of the length described, and large enough to admit of the easy introduction of the largest size of Emmet’s glass vaginal plug, an instrument somewhat thicker than the ordinary cylindrical glass speculum. There was no hæmorrhage: the plug was retained *in situ* by a T bandage, and the patient put to bed.

“For the next four days there was considerable fever, temperature as high as 102° , some tenderness of the lower part of the abdomen, and retention of urine, the

bladder requiring to be relieved by catheter twice a day ; every time this was done the wound was syringed out with a solution of carbolic acid.

“ These threatening symptoms subsided without becoming serious, and the treatment consisted simply in removing the plug once a day, and syringing the wound with the carbolic acid solution.

“ She was discharged from the Hospital June 7th, at her own request, the new-made passage showing no disposition to close or contract.

“ She attended at my office for several weeks after this, and the plug was daily renewed, the opening remaining free, and having very much the feeling and appearance of a natural vagina. After a time she ceased her attendance, and became careless in the use of the plug (she broke two or three, but fortunately without injury) and the artificial canal contracted to some extent, but not very much. No discharge like menstruation, vicarious or other, ever made its appearance.

“ It may be doubted whether this patient has derived any reasonable advantage from the operation, which, nevertheless, in view of all the circumstances, was perfectly justifiable, nay, even advisable ; and in my opinion would have been much more so had she been married, as has been the case in most of the recorded cases of this kind.

“ Numerous cases of absence of the uterus and vagina, singly or both together, more or less carefully observed, lie scattered throughout medical literature in text-books and journals, waiting to reward the industry of the writer who shall collect and classify them, as Bodenhamer has done the imperforations and deficiencies of the rectum and anus ; and I would suggest this useful work to some one who has access to the large libraries, public and private, of a great city. I intended to under-

take it myself, and had made some progress; but the want of the necessary facilities has deterred me from prosecuting it further. I know of no publication on the subject except a French work whose title and author I have forgotten.

“However numerous may be the recorded cases of this sort, I find very few accounts of operations for their exploration or relief: three such may be found in Eve’s *Remarkable Cases in Surgery*, p. 394 et seq., particularly one curious one where the operator literally *drilled* a passage with a bougie and hammer, in which case, though there was no vagina, there was a uterus, and the woman subsequently bore children. I make no further special reference to cases, as they are too numerous to be profitably cited without a full and systematic collection.

Then follows T. G. Thoms’s interesting paper upon malignant disease of the ovaries.

From the transactions of the New York Obstetrical Society, stated meeting of November 1, 1870, we quote the following:—

PELVIC PERITONITIS DUE TO PARAMETRITIS AND SALPINGITIS.

“Dr. B. F. Dawson presented the uterus and appendages of a girl sixteen years of age, with the following history:

“On Sunday evening, Oct. 24, 1870, he was requested to see a young lady who was believed to be suffering from typhoid fever. On the afternoon of the Tuesday previous (Oct. 19,) she was suddenly seized with a chill, followed shortly afterwards by an apparent attack of hysteria, which again was succeeded in the evening by a high fever, hæmorrhage from the nose, and diarrhœa. The

fever increased during the night, and the next morning she was seen by a physician who treated her under the supposition that she had typhoid fever.

“The above symptoms were continuous and aggravated until the day he saw her; she was then evidently sinking. Her mother stated that on the day she was taken sick she had begun to menstruate, and had complained to her of suffering more than usual, and that on the same night the flow had suddenly ceased. On examining the patient he found her in the first stage of collapse, pulse weak and fluttering, respiration labored and hurried, extremities cold, and countenance expressively anxious; she was, however, perfectly conscious. The abdomen was found extremely tympanitic, and there was sharp pain on pressure over the hypogastric region, and the right and left iliac fossæ. From these and other symptoms he considered her to be suffering from pelvic peritonitis, which, from the suddenness of attack and its occurrence during menstruation, and the suppression of the latter, he thought might be due to pelvic hæmatocele. Dr. Reynolds was asked to see her in consultation, who agreed with Dr. D. as to the probable nature and cause of the disease.

“On Tuesday, October 26, one week after date of her sickness, she died.

“*Autopsy* — On opening into the peritonæal cavity, no signs of peritonitis were evident until half-way between the umbilicus and symphysis pubis, where a few flakes of exudation were seen adherent to the intestines and parietal layer of peritonæum. Further down, however, larger masses were found, and in the immediate neighborhood of the pubes the intestines and peritonæum were thickly covered with exudation. On puncturing the intestines to let out the gas, and lifting them from the pelvic cavity, the portions which had been lying in it were found to be

matted together with exudation, and bathed with a yellow, purulent-looking fluid. The whole pelvic cavity, the uterus, broad ligaments, ovaries, etc., were found to be completely painted over with the same exudation and purulent matter, and the posterior and anterior cul-de-sacs contained at least four ounces of what appeared to be pure pus. In removing the uterus some portions of the exudation readily came off, but that on the ovaries seemed more adherent. On incising the uterus, its tissues and mucous linings were found softened and congested, and filled with a purulent secretion, and the fallopian tubes were distended and filled with similar matter. No signs of blood-clots were found, thus proving erroneous the opinion of pelvic hæmatocele. The specimen, while fresh, was shown to Prof. T. G. Thomas and Dr. E. Næggerath, who agreed with Dr. Dawson that the peritonitis had been excited by parametritis and metro-salpingitis.

“Dr. Næggerath in remarking upon Dr. Dawson’s case said, that he concurred in the opinion of Dr. Dawson, that death was the result of parametritis and metro-salpingitis, excited by the escape of irritating fluids from the fallopian tubes. He thought that the condition of the tubes showed that there had been pre-existing disease, and he believed that the menstrual congestion, in preventing the free escape of fluid from the tubes into the uterus, had favored its escape into the peritonæal cavity. He had seen death occur in which the autopsy showed not more than a half-inch of inflamed peritonæal surface, with only a slight amount of effusion. The usual history of these cases is, that the woman complains of intense pain as soon as menstruation ceases, due probably to the escape of the tubal secretion into the peritonæal cavity, no blood whatever being found. In rabbits, the ovules and blood often escape into the peritonæal cavity without occasioning peritonitis, so also in some women;

but the secretion of the tubes is sometimes peculiarly irritating.

Dr. E. R. Peaslee believed the explanation the correct one. It is a well-authenticated fact that gonorrhœal inflammation does occasionally extend through the uterine mucous membrane to the tubes, and subsequently occasions pelvic peritonitis with fatal result. Salpingitis may exist without peritonitis or death; the normal tubal secretion is quite innocuous. We may have large quantities of blood in hæmatocele without peritonitis.

In No. 2, of Vol. IV. 1871, Dr. Henry Miller, of Louisville, Ky., has a long and exhaustive paper entitled *Retrospect of Uterine Pathology and Therapeutics in the United States*.

In an article entitled

IMPACTION A CAUSE OF VESICO-VAGINAL FISTULÆ,

Dr. S. C. Busey, of Washington, D. C., from an analysis of Dr. Emmet's cases, undertakes to show the most frequent causes of vesico-vaginal fistulæ, and thus briefly prefaces the same:—

“With a view of determining, if possible, the most frequent cause of vesico-vaginal fistulæ, I have made the following analysis of Dr. Emmet's cases, as reported in his recent work entitled ‘Vesico-Vaginal Fistulæ.’

“At page 20, Dr. Emmet says, ‘After a careful review of all the recorded cases admitted to the Woman's Hospital since its foundation (twelve years), he could not satisfy himself that more than three cases out of the whole number should be regarded as having resulted from instrumental delivery.’

“The lesson taught by this analysis is that impaction is the usual cause, and that delay in resorting to artificial

means to expedite delivery, after it has occurred, incurs not only the danger to the mother, but imperils the life of the child. Of these 65 cases, 50 children were certainly lost. Though instruments were employed in very many of the cases, it is perfectly apparent that the error was in not having resorted to artificial means sooner.

“ Another fact is established—the infrequency of pessaries as a cause. This is important, though not justifying their indiscreet employment, nor long-continued wearing without proper cleansing and renewal.”

Dr. George Pepper, of Philadelphia, has an able article on the Mechanical Treatment of Uterus Displacements; we quote as follows:—

“ The most serious objections to this variety of instruments—and in spite of all drawbacks I believe them to be the best—are their much greater expense, the difficulty in properly applying them, the prolonged medical supervision necessary, and the dislike most women have to any contrivance that in any way encumbers or restrains them. But, in spite of all this, as any woman of ordinary intelligence or nerve can soon learn to manage them perfectly, removing them at night and reapplying them in the morning, they are invaluable in cases which require a permanent support, or in which it is impossible for the patient to be under competent medical care. Even where such indications are absent, I feel convinced that they merit more attention than they generally receive. To mixed instruments or combinations of the various groups or forms already referred to, it is impossible even to allude, for various modifications to suit certain peculiarities can often only be supplied at the time by the ingenuity of the practitioner.

“ The class of cases which is best suited to the use of pessaries is, of course, that in which mere displacement

exists, the cause having been transitory, or of such a trifling character as not to complicate treatment, and yet the symptoms call urgently for relief. But, if we confine our attention to only such cases (I feel sure), we will but rarely be obliged to use any form of mechanical support. We have seen, however, that it is often necessary or advisable to use some means of support for the uterus, either as a palliative or as *one* of the aids to a cure. To assist us in this selection, we may take up the varieties of uterine displacement, and assign to each the forms of instruments best suited to its requirements, premising, however, that nothing very definite can be advanced.

“Thus, in the first two stages of polapsus uteri, the first and simplest forms of displacement, we can use with advantage the smaller and more flexible ‘rings,’ the ‘levers,’ and the simpler forms of instruments acting from external points of attachment. While in the third stage, or procidentia, if perinæorrhaphy or elytrorrhaphy be unnecessary, the same classes of instruments will generally answer our purpose, though, if the purely vaginal pessaries be used, they must be larger, so as to act by a more positive distention of the vagina.

“It is an anteversion, in both its degrees, when it requires aid, that we find the greatest difficulty in relieving the symptoms, and, in fact, cases will present themselves in which it will be impossible to replace the uterus and retain it in its proper position. However, Hewitt’s modification of the closed lever, Simpson’s pessary,* Cutler’s ring, and some of the other vaginal pessaries can be tried, and may prove sufficient.

“Retroversion, although the most serious of all the displacements in its symptoms and results, is the most readily relieved. The modified lever with a high posterior bar, Cutler’s lever, and most of those instruments

* “Simpson’s Pessary,” *Edinburgh Medical Journal*, January, 1871.

which act from external attachments, will answer the purpose. It is in this form of uterine malposition that the full perfection of the closed lever shows itself.

“The latero-versions rarely require any mechanical aid, being usually due to some originally unsymmetrical development of the internal organs of generation, or to some pelvic disease which has drawn or forced the uterus out of its normal position. Should it, however, be deemed necessary to attempt the reposition of the uterus, an instrument acting on one or both lateral vaginal cul-de-sacs, from a fixed vaginal stem, would seem the most rational form.

“The flexions, when in their more trifling forms, can often be relieved by those pessaries recommended for the versions, but, when more marked, may require the use of the intra-uterine stem, or even of some of the operative surgical procedures.

“When any of the above forms of displacements, either from the nature of their cause or from long continuance in a faulty position, have become fixed and immovable, we have the colpeurynter and other inflatable instruments to aid us in their reposition. Frequently repeated and gentle force sometimes will overcome adhesions which at first sight appeared perfectly unyielding.

“In writing upon any medical topic, it is always more satisfactory to be able to advocate unhesitatingly some one plan of treatment. Yet, since we have such diverse conditions to contend with, and such a great variety of mechanical contrivances from which to make our selections, and since, in addition, we are forced to concede special advantages to one or another of these appliances; it behooves us to take a middle course, and give only a general view of the whole subject, leaving positive opinions for particular cases. With such approximating conclusions in the present instance, we must perforce rest content.”

Dr. J. M. Byrne, of Brooklyn, describes at length a new Speculum Vaginæ, together with cases descriptive of its use.

We quote in full the history of a case of Ovarian Dropsy of fifty years standing, by Dr. Robert P. Harris, of Philadelphia:—

“Pregnancy, complicated with ovarian dropsy, is comparatively of rare occurrence, and, when it does exist, particularly if the tumor be of large size, is apt to result either in abortion or rupture of the cyst, although there have been instances where the full period of utero-gestation has been attained even under the complication of the existence of a large ovarian tumor, equal in dimensions to the gravid uterus at term. If the abdominal cavity will admit of a distension sufficient to accommodate fifty-four quarts of fluid, as in the case reported by Dr. Thos. Watson,* then it may more readily contain a developed uterus and a moderately large ovarian cyst. So large a number as four mature births have thus been known to take place successively, the dropsical mother being as large after delivery as an ordinary-sized pregnant woman. A valuable paper upon this subject was sent me, this week, by its author, Dr. J. C. Reeve, of Dayton, Ohio, in the April number of the *American Practitioner*, which has induced me to present the records of the case here given.

“Mrs. E. E., a lady living in affluent circumstances, was born in Philadelphia, in 1784, of healthy and long-lived parentage, her father reaching eighty-one, and mother ninety-three years of age. She was married in 1807, and gave birth to a son in 1809, who still survives. Soon after her first delivery, the existence of an ovarian tumor was discovered by Dr. Benjamin Rush, in whose care she was placed for medical treatment. In 1811, the cyst was

* “Practice of Physic,” page 753.

of such a size that Dr. Physick was called upon to operate by paracentesis abdominis, and four gallons of fluid were removed. In 1812, she gave birth to a daughter, who grew to be a healthy woman, and is still living. In 1815 and 1818, also, she was delivered of living children, the second being less robust than the first, and the third of a delicate, sickly appearance, and weighing six pounds. The second daughter enjoys fair average health at the present time, and is a woman of medium size; the third grew up, and for many years enjoyed good health, although of a delicate build; but at the age of 45 fell a victim to phthisis pulmonalis.

“No subsequent pregnancy took place. The last period of gestation was much the most severe of the four, and, when three months advanced, her vomiting was so excessive that her life was in danger. She was at this time affected with an œdematous swelling of the abdominal walls in addition to the ovarian disease, and, a blister having been applied to the epigastrium, the effused fluid drained out in large quantity, to her great relief. She suffered so much abdominal pain from pressure that laudanum was administered, of which she took on an average about a teaspoonful per diem. When the fœtus was delivered, it shrieked, apparently, from pain, and lay a long time in slight convulsions, to check which laudanum was administered, drop by drop, until, before the first day of its life was over, it had taken sufficient to have killed more than a dozen babies in whom the susceptibility to the effect of the poison had not been blunted through the habit of their mother.

“I have not been able to ascertain how many tappings were performed during her period of child-bearing and subsequently until the year 1848, when the disease became more active. Prior to 1825 she was operated upon at long intervals, and from 1825 to 1848, not at all, the

increase of accumulation not requiring. Thus was realized the accuracy of the remark by Dr. Thomas Watson in his 'Practice of Physic,' viz.: 'Not unfrequently, after a period of active increase in the tumor, the morbid process, without any obvious cause, suddenly stops; and the pause may be final; or after an uncertain interval the disease may resume its former activity' (page 747).

"Mrs. E. E. was tapped in June, 1848, about one-half of the fluid being removed; in November, 1849, when all that could be evacuated was drawn off, being estimated at from 35 to 40 quarts; in January, 1851; in the spring of 1852 and 1853; September, 1854; September, 1855; April, 1856; November, 1856; May, 1857; November, 1857; June, 1858; March, 1859; September, 1859; March, 1860; and July, 1860 making seventeen operations in twelve years. During the latter years of her life they became more frequent, because only half of the fluid was removed upon each occasion, on account of the great prostration which followed the entire emptying of the cyst. Prior to each operation, the pressure became so great as to obstruct the intestinal canal, giving rise to nausea, vomiting, and, if not soon relieved, to inversion of the peristaltic action of the bowels, as in strangulated hernia. Immediate relief followed paracentesis, and the healthy action of the stomach was restored.

"Mrs. E. died of exhaustion in August, 1860, having nearly reached the age of seventy-six. For many years she was confined entirely to the house, and on an average twenty-two hours out of the twenty-four in her chamber. She took opium largely; was much emaciated in face and upper extremities, and extremely large in abdominal circumference, especially when the cyst required evacuating. Successful ovariectomy would have been a wonderful relief to such a living death.

In connection with this subject, it may be well to state

that statistics go to prove that there is little if any danger of abortion following paracentesis, but, on the contrary, it tends to prevent its occurrence. Ovariectomy during pregnancy almost invariably gives rise to abortion within forty-eight hours. Cessation of development or accumulation generally depends upon the draining of the cyst through a rupture or perforation into the peritoneal cavity, the vagina, or intestines, and spontaneous cures sometimes result in this way by the collapsing of the cyst walls."

Dr. B. F. Dawson describes, by a wood cut and otherwise, his new clamp for the treatment of the Ovarian Pedicle.

From the Transactions of the New York Obstetrical Society, stated meeting of December 6th, 1870, we glean the following:—

CASE OF TUBAL DROPSY.

Dr. C. S. Ward presented the uterus and appendages of a woman aged 38 years, who died from a suicidal dose of laudanum. The uterus was found retroflexed and bound down in that position by firm adhesions. Both Fallopian tubes were distended with fluid, the point of occlusion in the proximal extremity of the tubes being one inch from the uterus on the right side and about two inches on the left. Each fimbriated extremity was expanded into a cyst which, when the specimen was recent, was the size of a pullet's egg. The right ovarian ligament was thickened and extended. Both ovaries were larger than normal, and the left contained a small cyst. The uterine mucous membrane was highly congested. No anterior history could be obtained, except that the woman had had repeated abortions. The date of the last one of these or of her last menstruation could not be ascertained, as the woman was a stranger in the place where she died.

A NEW SYRINGE FOR UTERINE INJECTION.

Dr. B. F. Dawson exhibited a new instrument for uterine injection. It consisted of a silver tube, which is enclosed by two steel blades or valves, which can be opened by pressure upon the handles of the instrument, thus dilating the uterine canal, allowing all fluid to escape which may be thrown in by the syringe attached to the extremity of the injector-tube. The opening and closing of the valves present the additional advantage of breaking up and removing any clots which may be in the uterine cavity, and collect so as to prevent reflux.

Dr. Noeggerath said he had used the instrument, and found it a good one. Where uterine catarrh has existed a long time, and the tissues are soft and readily dilatable, the instrument will be of service; but where the disease is recent, the tissues are too firm to allow of much stretching by such an instrument. The facility with which clots can be broken up and removed is a good feature in the instrument. It is not the entrance of the fluid nor the exit which sometimes occasions death; certain substances occasion death by reflex action resulting in an inflammation; the liquid goes to the depth of the utricular glands, which extend deep into the uterine tissue. The sesquichloride of iron, nitrate of silver, and chloride of zinc have occasioned death.

Dr. J. C. Nott said he had also used Dr Dawson's instrument, and thought it possessed many points of merit; he asked if there is danger in the injection of iron for hæmorrhage when the uterus is dilated.

Dr. Noeggerath believed the subsulphate of iron less dangerous than the sesquichloride, from the use of which he once occasioned a metro-peritonitis.

Dr. J. G. Perry said he had seen flabby uteri contract vigorously on the injection of iodine.

Dr. T. A. Emmet said he had seen such vigorous contraction as to eject the iodine which had been introduced.

Dr. E. R. Peaslee said that in metrorrhœa, metrorrhagia, or hæmorrhage proper, the utricular glands are full, so that by injection he thought no fluid would pass into the glands; it is not necessary to have the injected fluid pass into the glands to get up sudden contraction, for the surface itself is very sensitive.

No. 3 of Vol. IV. November, 1871. Contains the following subjects of Gynæcological interest.

THE RADICAL OPERATION FOR PROLAPSUS UTERI,

as practised by Prof. Carl Braun, of Vienna, with a report of six successful cases. By Paul Munde, M. D., of Stuttgart, formerly of Florence, Mass., and late assistant of Prof. Scanzoni, of Würzburg, from which we quote the following:—

“I shall now proceed to describe the operation as performed twice by Prof. Braun in my presence, and, as he was kind enough to say, for my benefit as former assistant to his celebrated opponent, Scanzoni.

“It consists in removing a piece of the vaginal portion of the uterus, and in excising elliptical folds of the vaginal mucous membrane, the fresh edges of which are united by ligature, the cicatricial retraction finally producing shortening and narrowing of the vaginal canal.

“Speaking of the vaginal portion, it is necessary to observe that in most old cases of prolapse the part is no longer distinct, but has gradually become everted and lost in the hypertrophied vaginal walls, so that the latter appear to rise directly on a level with the external os of the uterus; therefore, when I say the vaginal portion was amputated, I mean that a piece of the lower end of the prolapsed tumor, *vaginal walls* and all, was removed.

The patient is placed on her back upon a common operating-table, and each leg held in a flexed position by an assistant. The uterus is measured with a common uterine sound, and according to its length the mode of operating and the length of the portion to be removed is decided on. If the uterus is found to be considerably enlarged, measuring five inches or more in length, and the fundus is lower down than in the normal state, the amputation and the excision of the elliptical folds are both to be made; should the uterus be enlarged without depression of the fundus, the amputation of the portio vaginalis alone is performed; if, however, the uterus be of the normal size two and a half inches in length, or but little more, only the elliptical folds of the vaginal mucous membrane are removed. Supposing the uterus to be five inches in length, consequently the cervical and vaginal portions about $2\frac{1}{2}$ " and protruding with the inverted and hypertrophied vagina from the vulva as a tumor of about the size of a fist, the operation is performed as follows:—

“1. A silver female catheter is introduced perpendicularly into the bladder, the posterior wall of which is drawn into the anterior pouch of the prolapse, the urine evacuated, and the prolapsed pouch of the bladder pushed upwards with the point of the catheter—a proceeding which seems to be attended with no particular difficulty, notwithstanding the doubts expressed as to its feasibility by Scanzoni. The catheter is left in the bladder, and held in a nearly horizontal position by an assistant during the whole operation.

“2. A digital exploration of the rectum is made in order to ascertain whether perhaps a portion of its anterior wall has been drawn into the prolapse, and needs reposition.

“ 3. A lance-pointed needle 6'' long, or an exploring trocar, is thrust through the tumor about 1'' above the os uteri, and the whole mass held and directed by it. If the above-mentioned precautions have been taken, Prof. Braun says, there is no danger of wounding either bladder or rectum; and as to the ante- and retro-uterine peritoneal duplicatures, they seldom reach down far enough to be injured.

“ 4. A loop of strong steel wire is now laid around the tumor immediately above the needle, and moderate compression applied by means of the constrictor of Maison-neuve, in order to prevent any possible hemorrhage.

“ 5. The portion of the uterus below the constricting loop, together with the prolapsed and hypertrophied walls of the vagina, is now cut off with a scalpel and removed. (Formerly Prof. Braun performed the operation with galvanic cautery.) The incision accordingly is made directly between the loop and the needle. The portion removed is about 1½'' in length, but may be more or less, in accordance with the greater or less degree of the hypertrophy of the cervical portion, by which criterion the situation of the peritonæal folds can also be determined with tolerable accuracy. The wire loop is now removed, and the hemorrhage, which is generally slight, controlled by cold water ablutions and compression of the bleeding surface with sponges. Torsion or ligature of arteries is seldom necessary.

“ 6. As soon as the hemorrhage has ceased, the anterior and posterior edges of the oval wound, *i. e.*, of the vaginal walls, are united by means of 6 or 8 threads of Fil de Florence, a substance obtained from the silk-worm, and similar to what we call cat-gut, which Prof. Braun prefers to silk or thread, as it produces no suppuration, and can therefore be left in the wound for some time, a

circumstance which also recommends its use in operations for vesico-vaginal fistulæ, and in ovariectomy. These threads pierce the whole thickness of the tumor, and are united by a simple knot, being laid and drawn a little less closely together in the centre of the wound, in order to prevent the os uteri from closing also. Should this happen, however, the passage is easily reopened by simply pressing through the new cicatrix at that spot with a sound.

“ 7. The wound being completely closed and the threads cut off short, the operator proceeds to the second part of the operation. At about the middle of the anterior wall of the tumor a portion of mucous membrane from two to three inches in length is caught up at either end by a tenaculum held by the assistants, and this transverse fold grasped between the branches of a long forceps armed with teeth similar to that employed by Sims, and firmly fixed by an assistant; care must be taken not to grasp the mucous membrane too deeply, and thus include the peritoneum in the folds.

“ 8. The fold of vaginal mucous membrane thus drawn up and clasped in the forceps is now cut off smoothly over the forceps with a fine scalpel, and six or eight threads of Fil de Florence are laid through the wound, close under the forceps; the latter is removed, and the denuded surface presents the elliptical appearance as shown in Fig. VI. The sutures are now united and cut off short.

“ 9. The next step is to bring the woman into the knee-elbow position, and to perform exactly the same operation on the posterior wall of the tumor as has just been described for the anterior. If due precaution be taken not to take up more than the mucous membrane in the forceps, there is no danger of opening the peritoneal cavity, which we know reaches further down posteriorly

than anteriorly, and pouches of the rectum are very seldom of any extent, and can easily be found and temporarily removed by a previous rectal examination.

“This operation (the excision of folds of the vaginal mucous membrane) is likewise applicable to simple prolapse of the vagina, the excision being made from the anterior or posterior wall, or both, according as there is a cystocele or a complete prolapse of the vagina.

“10. Uterus and vagina are now to be returned to their normal position, a manipulation generally attended with no difficulty, and retained in place by a tampon of cotton saturated with glycerine, which is to be renewed every twenty-four hours. The woman is taken to her bed, which she is under no condition to leave for three or four weeks; all exertions of the abdominal muscles are to be avoided, a daily operation of the bowels is produced by laxatives or clysmata, and the urine is to be passed voluntarily, or if that be attended with the least difficulty, evacuated with the catheter.

Also, “The Cæsarean Operation in the United States.” By Robert P. Harris of Philadelphia. “Sudden Enlargement of, and Hemorrhage with Ovarian Cysts.” By John S. Parry, M. D. of Philadelphia.

Jas. L. Brown, M. D. reports a case of Vesico Vaginal Fistula, at the Strangers Hospital New York.

From the Transactions of the New York Obstetrical Society, stated meeting of February 7, 1871, we quote the following:—

UTERINE FIBROMA.

Dr. Peaslee exhibited a small uterine fibroma, removed three weeks ago from a lady forty-eight years of age, who had had metrorrhagia five or six years. The doctor first saw the patient two years ago, and proposed the use of sponge-tents with a view to find out the cause of the metrorrhagia, but the patient would not consent.

One month ago the patient returned, a sponge-tent was employed, and the uterus measured by the sound, which passed three and a half inches ; but the degree of dilatation was insufficient to determine whether a tumor existed or not. The uterus was still further dilated by tents, so that the finger could explore the cavity, and by this means a small fibroma was discovered. After full dilatation had been effected the tumor was drawn down by a short hook ; about half an hour's traction was required to draw the base of the tumor down to a level with the os externum uteri, but the tumor was so attached as not to extrude. While an assistant continued the traction, Dr. Peaslee carried up a probe-pointed bistoury and cut the capsule of the tumor ; he then introduced his finger into the cut and readily enucleated the tumor. Not more than a drachm of blood was lost, no inflammation followed, and the patient recovered without a bad symptom.

Dr. Peaslee exhibited a pancilocular ovarian cyst. It illustrated a point in anatomy as to the character of the investing membrane of some ovarian tumors in which large vessels are found. The case is similar (though less marked) to the case of Dr. Thomas, reported January 17, 1871. The membrane in this case was freely movable upon the tumor ; the sound passed with facility between it and the tumor ; it could be very readily separated, and the large veins which were seen proved to be in the sub-peritoneal tissue. Though no peritoneum covers the ovaries in the normal state, the epithelium and its basement membrane upon the ovaries develop to such an extent with the growth of the tumor as to have precisely the appearance of peritoneum to the naked eye ; a portion also of this membrane is without doubt peritoneum from the broad ligament, which has grown and expanded with the ovary.

(To be Continued.)

EDITORIAL NOTE.

IT AFFORDS US GREAT PLEASURE to announce the progressing convalescence of our colleague, Dr. H. R. Storer, after four months of severe illness. His disease, which seems to have been the culmination of many successive poisonings from operating and dissection wounds, has been inflammation of the head of the left tibia, resulting in deep suppuration. Trephining was resorted to; but the pus not being reached, subsequently burrowed through into the knee joint, and finally from thence into the soft parts of the femur, where it formed large sinuses. He has had to submit to three distinct operations requiring anæsthesia, besides numerous minor ones, not to mention the pain attending the daily dressing, the discomfort arising from this summer's unusually severe heat, the weight of his professional duties continually forcing themselves upon his mind, and the prolonged confinement so tedious and irksome to one of such active habits. It was our privilege to contribute somewhat to his comfort, and our sorrowful duty to witness much of his agonizing suffering. We are able to attest to his patient submission and fortitude under those severe trials. Dr. Storer is still confined to his bed, and it will yet be many months before he will eventually have recovered the use of his limb. Meanwhile he has the sympathy and best wishes of his numerous friends.

G. H. B.

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[No. 2.

PROCEEDINGS OF THE SOCIETY.

[Reported by Horatio R. Storer, Secretary.]

SIXTY-NINTH REGULAR MEETING, JANUARY 16, 1872.

The sixty-ninth regular meeting of the Society was held at Hotel Pelham, on 16th January, 1872, the President in the chair. Present, Drs. Lewis, Warner, Bixby, Dow, Blake, Perkins, Field, and H. R. Storer; Dr. O. G. Ross of Hudson, Mass., corresponding member, and by invitation William C. E. Wing, one of the House Medical Officers of the City Hospital.

The Records of the last meeting were read and accepted.

The Secretary announced the decease of two gentlemen affiliated with the Society; Dr. Joseph Perkins, of Castleton, Vt., for many years identified with the medical school formerly existing at that place as its President, and

Entered according to act of Congress, in the year 1872, by HORATIO R. STORER, M.D.,
in the Office of the Librarian of Congress at Washington.

also as Professor of Obstetrics, a chair which he afterwards filled at the University of Vermont, at Burlington, and Dr. William D. Buck, of Manchester, N. H., twice President of the N. H. State Medical Society, a corresponding member. Dr. Storer referred in suitable terms to the service that had been rendered by these gentlemen to the profession. Dr. Perkins many years since had filled the Chair of Obstetrics at Castleton, and Dr. Buck had acquired much notice from the decided stand that he had taken respecting the abuse of Gynæcology in the practice of incompetent or unreliable members of the profession.

The Secretary read letters acknowledging their election to the Society from Dr. John Waddall, of St. John, N. B., Honorary Member, and from Profs. R. Olshausen of Haller, and Gustav Braun of Vienna, and Drs. Alfred Meadows of London, and T. Curtis Smith of Middleport, Ohio, Corresponding Members.

The photograph of Prof. Baun of Vienna, added to the Society's collection, was exhibited, and the following donations to the Library announced: From Prof. Nüssbaum, of Munich, his paper upon the Pathology and Treatment of Anchylosis, the Transfusion of Blood, the Resection of Nerves, Lithotomy in Females, Ovariectomy, Diseases of the Cornea, the Progress of Pelvic Cancer, Subcutaneous Injections in the same, and Hypodermic Medication generally, Intercellular Hæmatocele, Removal of the Rectum, etc., and two articles upon the Military Surgery of the Gallico-German Campaign; from Dr. V. H. Taliaferro, of Columbus, Ga., his observations upon Medication by Uterine cloth tents; and from Dr. A. Jacobi, of New York, his Inaugural Address, and paper on Infant Asylums.

Dr. Ross exhibited the uterus and appendages from a case of

INSTANTANEOUS DEATH DURING THE INDUCTION OF
CRIMINAL ABORTION BY THE INJECTION OF AIR
INTO THE UTERUS.

Four days since Dr. Ross had been called to see a lady who was supposed to be in a fit, and found her dead. She had suddenly fallen lifeless upon the floor; at her side there was lying a Davidson Syringe, with the mail tube on; this tube was of hard rubber and had been broken by the fall. There was also on the floor a smaller hand rubber syringe with its piston broken. They were both of them perfectly dry, and as the patient was pregnant, they had therefore evidently been employed for detaching the foetal membranes from the uterine walls by the injection of air. The probabilities were that an attempt to employ the smaller syringe had first been made, and that upon this having become broken, the larger one had been employed, with the result of instantaneous death.

An autopsy had been made upon the following day. The uterus was found to contain a foetus of some five or six weeks. This was now also shown to the Society, the membranes being still unruptured. These had been detached from the uterus at several points previous to the examination being made. This had evidently been from the effect of the fatal measures that had been resorted to. There could be no doubt that it had been performed by the woman herself.

Dr. Warner remarked that this was the second case of death from the introduction of air into the uterus with a criminal intent that had come to his notice. The other had occurred at St. Louis.

Dr. Ross was aware of but one other case, that reported several years ago by Dr. Hitchcock of Michigan.* He would

* Transactions of the Am. Medical Association 1864, vol. xv., p. 81.

like to know what was probably the exact cause of death in the present case.

Dr. Blake thought there could be no doubt that it was from the introduction of air into the uterine sinuses.

Dr. Storer stated that in the early months of pregnancy this explanation was by no means necessarily the correct one. Unless the placental portion of the ovum was detached, there would be no vessels of any size opened into which air could thus be forced. It would be recollected that the Society had discussed this question at some length on a former occasion,* when considering a criminal case that had been submitted to it by Drs. Porter, of Albany, and Hopkins, of Utica, N. Y. There were several possible causes of instantaneous death under the circumstances that had existed, and it required no little discrimination to distinguish between them.

Dr. Field asked Dr. Ross if an examination had been made of other organs besides those of the pelvis.

Dr. Ross replied that there had been. Especial attention had been paid to the condition of the heart. Embolism did not seem to have existed; indeed, there had not been time for it to occur before death took place.

Dr. Field asked how it were possible, even granting that it had been the cause of death, for a bubble of air so instantaneously to stop the action of the heart.

Dr. Storer replied that of course there must have occurred either spasm or paralysis of a portion of the heart. Arguments had been adduced in favor of both these views, and he doubted if the question had as yet been definitely settled.

Dr. Warner imagined that the changes occurring before an autopsy, unless immediately made, would tend to nullify any observations made with reference to this especial point.

* See this Journal, May 1870, p. 283.

Dr. Ross remarked that there was present great discoloration of the upper portion of the body. He had noticed moreover that during the early portion of the dissection air had audibly escaped from one of the blood vessels during the division.

Dr. Warner thought that the discoloration mentioned tended rather to show that there had existed cardiac spasm rather than paralysis. The return of blood would seem to have been suddenly checked.

Dr. Lewis described what he had personally seen to take place in the case of sudden death from the entrance of air into a vein, that had occurred in the practice of Dr. John C. Warren in this city, and of Dupruytren.

Dr. Ross inquired whether from the evidence that had been induced he should consider that death in this case had been from the entrance of air into a vessel or from shock.

Dr. Warner hardly thought that mere detachment of the foetal membrane from the uterus could produce so terrible an amount of shock.

Dr. Ross reminded Dr. W. that much slighter causes than that reported had been known to produce in this manner instantaneous death. He had the impression that such had been alleged to have occurred in one instance when an abortionist had employed simply the uterine sound.

The Secretary exhibited on behalf of Dr. Taliaferro, of Columbus, Ga., specimens of his new

UTERINE CLOTH TENTS,

and read the following letter:—"There are one or two points which I consider of some importance either not alluded to or sufficiently impressed in my published paper.

"The application to the uterine cavity of *medicated oint-*

ments by means of this tent, designed either as stimulants, alteratives or caustics, constitutes a safe, pleasant and effective mode of treatment.

“When drainage by exosmosis is especially desirable, the tent is better made of linen, as this has a far greater affinity for water than cotton cloth. Again where the tent is carried through the cavity to the fundus of the uterus, the result is a general uterine stimulation, amounting sometimes to painful muscular contraction. This may be modified or increased by the length of the tent used. If a very mild or moderate uterine or interstitial stimulation is desired the point of the tent should barely reach the fundus; but should the stimulation wished be of a more decided character, the point of the tent should be carried with greater firmness to the fundus. Should a very powerful stimulation be desired, it may easily be obtained by having the tent sufficiently long and delicate, to be made to turn back, and thus to fill up the entire cavity of the uterus. In cases of sub-involution and in chronic parenchymatous diseases of the uterus this mode of using the tent is especially valuable.”

Dr. Warner reported the following case of

EXPLORATORY ABDOMINAL SECTION.

Mrs. J., aged 38, came under his charge on June 1st inst., when commencing his annual term of service at St. Elizabeth's Hospital. She had previously been attended both here and at the City Hospital by Dr. Blake, and as there had been much uncertainty concerning the diagnosis, the patient herself thinking herself pregnant, he would request before proceeding further that Dr. B. would detail the early history of the case. Dr. B. then stated that the patient had entered St. Elizabeth's but a week before his term of service expired. She had pre-

viously been at the City Hospital. He had himself never made a vaginal examination of the case, though it had been his impression that she was mistaken as to the existence of pregnancy. As her suffering had not been very acute while under his charge, he had kept her long without active treatment, thinking that his successor would do all that was necessary, should any emergency occur. He had brought with him the early history of the case from the City Hospital record book, and would request Mr. Wing, the medical house-officer, to read it, as he had the immediate charge of the patient.

Mr. Wing accordingly read the following:—

“Ireland. Elizabeth Jordan, 36; M.; Housewife; Fellows street.

“Oct. 18, 1871. Thirty years in this country; thirteen years married; one child twelve years ago; several miscarriages since at early months, and now patient thinks herself four months pregnant; no areola; has not felt very well for some time; two weeks ago noticed that her feet were swollen; one week ago abdomen began to swell; never drank, other than an occasional glass of ale. In bed; upper half of the body rather emaciated; no febrile symptoms; no head symptoms; no cough; abdomen much distended, flat at dependent portions, resonant above, dividing line varying with position of patient; distinct fluctuation; veins distinct at either side; slight protrusion at umbilicus; considerable œdema of lower limbs, none of upper half of body; appetite poor; thirsty; tongue slightly coated; bowels costive for five days, before generally regular; micturition free; pulse 100; catamenia (?) have occurred in very slight amount for two last months, during which time patient has worked very hard; I think she is pregnant, from nausea and absence of catamenia for two months previous to that, and increase of abdomen.

“*Evening.* Patient states that for last five days she has had pains through lower part of abdomen, constant but more towards evening; and for last two days has had exacerbations, something like after-pains; now has pains in back.

“19th. Flowed slightly during night; pains were quieted by morphia; bowels were opened by enemata and castor oil.

“20th. *R.* Tr. Digitalis m. x.; Tr. Scillae m. xx. m. tudee.

“21st. Pains relieved by morphia p. x. m. (frequently). Ascites continues, with some pain from distension. Flowing about ceased.

“*Evening.* Grunting expiration; abdomen much distended, but not tense; distinct fluctuation; pain along epigastrium and in back; patient “bursting;” tongue white-coated; skin warm and moist; pulse 108, respiration 36, temperature 102°.

“24th. Pain of distension has continued, and patient been quieted by morphine; *R.* Omit all medicine; *R.* Sat. Sol. Chlorat. Potass. Z. 3td.

“30th. More comfortable; abdomen more flaccid; bowels moved by two rhubarb pills yesterday; micturition free, but “urine not much increased.”

Nov. 6. For several days has been troubled with “stomach-ache” in abdomen, extending around sides; abdomen very much diminished, flaccid, and approaching normal condition; on palpation of abdomen, a mass felt above and to right of umbilicus, size of duck’s egg, hard and somewhat tender, and movable over space of a diameter of say four inches; beneath abdominal wall there were other masses perceptible, of which a portion was not very movable and seemingly attached to the side of the pelvis, and others below them, apparently irregular,

connected together, and somewhat movable. Per vaginam, the cervix was found rather short, small and extending into a mass above which filled the whole pelvic roof, not at all movable and hard; anterior to cervix and to either side there was a nodule arising out from the mass, and the size of the end of a finger; backwards and to left of cervix, the mass was not so hard as elsewhere. Patient states she never noticed anything peculiar about pelvic parts, except some bearing down on micturating one week before entrance; never had any inflammatory trouble here in her life. Mass in pelvis so immovable that bi-manually no connection can be distinctly shown with mass in abdomen; never had menorrhagia or metorrhagia. Patient has had no pains shooting down thighs; has an apparent enlarged gland just above left clavicle, near carotid artery, very hard and but little tender.

“Nov. 8. Has had “stomach-ache” much of the time; bowels disposed to be costive, but kept open by a rhubarb pill each day.

“Nov. 11. Pain in small of back. *R.* Emp. Ferri.

“Nov. 13. Abdomen about normal size; patient pretty comfortable, but still has stomach-ache much of the time.

“Nov. 14. No marked areola; pain in abdomen quite severe; *R.* Sinapism; masses in left groin still present; pains in abdomen from back around to uterine region, not very severe; no pains down thighs.

“Nov. 19. Pain below breast on right side; auscultation discovers nothing.

“To Dec. 7. More or less troubled all the time with back-ache, stomach-ache, etc., requiring opiates frequently, and taking also an occasional cathartic pill; patient is impressed with the conviction that she is pregnant, and is positive that she felt motion one week ago.

Chloride of Potass. omitted to-day, patient having continued its use till now.

“Dec. 11. Almost constant back-ache. *R.* Ferri et quinia citrate, gr. V. ter die, in sherry.

“Dec. 14. Reports stomach again swelling; *R.* Resume sat. sol. chlor. potass.

“Dec. 18. Abdomen again distended with fluid; well marked fluctuation; patient had during night an attack of either bad temper or mental aberration, in which she could not be controlled by night-nurse. This A. M. transferred to another ward, when she requested, and received, her discharge; not relieved.”

Dr. Warner asked Mr. Wing upon which side of the pelvis the masses described were most perceptible, and was informed that they were upon the left.

Dr. Warner resumed the statement of the case. At time of entrance into St. Elizabeth's Hospital, and after she passed from Dr. Blake's care into his own, she retained the impression that pregnancy existed and was sure that she felt foetal movements. She was now greatly emaciated and her general appearance very cadaverous. The abdomen was tense almost to bursting, and there were distinct fluctuations. There was no flattening of the upper half of the abdomen towards the depending portions as is usual in ascites, nor was there resonance upon percussion usual from floating upwards of loose intestines. It was impossible, such was the distention of the abdominal walls from the fluid, to be sure of the presence of any solid abdominal bodies, but the greatest indication of such was upon the right side. Upon the left, where Mr. Wing had found so much evidence of this character, nothing whatever could be felt. By vaginal examination, the uterus was found fixed and resistant and without the slightest sense of

fluctuation. Douglas' fossa was not distended and evidently contained no fluid, as it would be sure to do in an uncomplicated case of ascites. He was in such doubt as to the nature of the case that he summoned Dr. H. R. Storer, one of the consulting staff of the hospital, who, after careful examination, would not express a decided opinion. If the case was ovarian it was probably a tense, unilocular cyst lying wholly above the brim of the pelvis, by its pressure rendering the uterus immovable, but the obscure sense of movable resistance that was noticed in the left side militated against its being an ovarian cyst, while the absence of fluctuation in the vaginal roof rendered it quite certain that it was not a case of dropsy of the amnion which was alone reconcilable with the patient's belief. Dr. Storer, Sen., also a member of the hospital staff, was now requested to see the case, and it was his opinion that the general appearance of the patient was that of malignant disease, while the local condition, so far as discoverable by the vagina, might possibly be explainable by the presence of a uterine fibroid. Neither of these gentlemen, or Dr. Warner himself, were aware of the conditions that had been found present at the City Hospital during the temporary absence of the ascitic distention. The patient meanwhile was rapidly growing worse. The pressure upon the stomach was so great as to allow her to take but little food. She was orthopnœic, and her condition became so desperate as to ophopnoric such active relief as might be possible. An exploratory section was therefore made under chloroform by Dr. H. R. Storer on Jan. 13th, in presence of Drs. Warren, Campbell and Bixby, of the attending, and Drs. Lewis and Wheeler of the consulting staff of St. Elizabeth's Hospital, all of whom had satisfied themselves, by examination, of the uncertainties of the case. Two buckets full or more of ascitic

fluid were allowed to escape, and it was then found that if this had been drawn off in the usual way by paracentesis with a moderately-sized trocar, some portion of solid tissue now found to be implicated would almost inevitably have been pierced and the patient very likely lost from primary hemorrhage. Upon introducing a finger through the opening the case was discovered to be one of extensive malignant disease. The omentum was largely thickened and vascular, the whole pelvic brim occluded by growths from either ilium, implicating the organs between them and shutting off the cavity of the pelvis from that of the abdomen. The reason of there being more of the ascitic fluid in Douglas' fossa, as ascertained by vaginal examination, was thus made clear. The liver was somewhat enlarged, and at one point there was abrupt protuberances, this having evidently caused the localized tumors "above and to the right of the umbilicus, the size of a duck's egg, hard and somewhat tender, movable over space of a diameter of say four inches, beneath abdominal walls," as described by Mr. Wing in his report. The wound was closed by a couple of metallic stitches, the abdomen enveloped by interlacing bands of adhesive plaster, and the patient otherwise made comfortable. She was now doing well.

Dr. Storer alluded to the statement that though digitalis and squills had failed, chlorate of potass had effected a temporary disappearance of the ascitic effusion in the patient while at the City Hospital. He would ask Dr. Blake whether he had produced a similar effect with this agent in any other case, whether in hospital or private practice.

Dr. Blake replied that he never had.

Dr. Storer remarked that it must have been from some such unusual coincidence, if indeed it had not been from an error of diagnosis, that chlorate of potass had obtained

a temporary respect in the treatment of ovarian disease. Dr. S. had tested the drug in many cases, upon which he had afterwards operated, and had never seen it produce the slightest diminution of the contents of a cyst.

Dr. Field read a paper upon

MEDICATION BY THE USE OF VAGINAL AND RECTAL SUPPOSITORIES.

[Dr. Field's paper was published in the Journal of the Society for April, 1872.]

Dr. Bixby, in referring to what Dr. Field had stated concerning the moulds for making suppositories of different sizes and shapes, remarked that he had seen them run like bullets into a mould holding a dozen or more at a time.

Dr. Warner alluded to the excellence of the vaginal suppositories made by Messrs. Metcalf & Co., of Boston. He did not think that they could be surpassed.

Dr. Storer was glad that Dr. Field had discussed this important subject in so satisfactory a manner. He himself, from the very commencement of his practice in 1853, had been in the habit of using vaginal suppositories, at first employing those suggested by Simpson under the name of "Medicated Pessaries." These were made in part of tallow and wax, and he very early had found the advantage by employing the butter of cocoa. At a later date, when he began to recognize the importance of rectal in connection of uterine disease, he had for a long period employed medicated suppositories of various kinds above the sphincter-ani, then Leopold Babo, having provided himself with the proper moulds for their manufacture. For the cavity of the uterus also, he had resorted to the same method of medication, and there were probably gentlemen present who had seen him years ago thus treating uterine cavity. Dr. S. exhibited several instruments for intra-uterine medication by ointments and

semi-solids, one of which, a hollow tube with a piston within, he supposed to have been original with himself. Dr. Warner had no doubt of this latter fact, and told an amusing anecdote of a young physician lately returned from Europe who had brought with him as one of the latest gynæcological novelties, an intra-uterine depositor like that now exhibited. The gentleman was somewhat taken aback when shown the same instrument a dozen years old, but was comforted on learning that this was not the first of Dr. S.'s inventions that were now claimed by those who once had laughed at them.*

Dr. Warner thought that Dr. Field had spoken truly when referring to the importance of restoring tone to a relaxed vagina. His views concerning the rectal use of castor oil were interesting. It was his own impression that it acted almost as quickly and almost as thoroughly, thus employed, as when given by mouth. The effect was distinctly by absorption and not merely from local irritation.

Dr. Field had employed intra-uterine suppositories in the manner described by Dr. Storer. He had not referred to them in his paper because it would have carried the discussion beyond the limit at present intended. As for

ABSORPTION BY THE RECTUM,

He firmly believed that such was possible to a much greater extent than was admitted by many intelligent practitioners.

Dr. Storer thought that no one who studied this subject could honestly doubt that absorption might thus, to a great extent, rapidly take place. At a former meeting of the Society he had reported cases in point, and on bringing the matter before the Suffolk District Medical Society, many of its members had expressed their belief

*Obstetric Memoirs and Contributions. Edinburg Ed. 1855, vol. i., p. 98. Am. Ed. p. 102.

in the fact now alleged. He had been informed that at a recent meeting of the Society, however, an attempt had been made to impugn its validity upon the ground that the rectum did not possess absorbents and that absorption could not therefore take place; and that a quotation had been read from Trousseau to the effect that said T. utterly disbelieved in rectal absorption. Such being the case, it had truly been said, "so much the worse for Trousseau." For his own part, he had so often kept patients along by nutrient enemata and in tolerably good condition, who were suffering from malignant and other disabling gastric diseases, who would have starved if left to the usual method of receiving their food, that he must still recommend to those who differed from him than sooner than let their patients die from inanition they had better be on the safe side and fall back upon the rectum, even though they suppose it to possess no absorbent.

The Secretary read a letter from Dr. Wm. H. Bramblitt, of Newbern, Va., briefly stating an entirely

UNIQUE CASE OF OVARIOTOMY,

[Dr. B.'s paper was published in the Journal of the Society for July, 1872.]

Operated on by an incompetent physician who, after making the abdominal section, abandoned the operation because the adhesions were too extensive; the tumor sloughed and was removed in a sphacelated condition. The incision must have been open more or less for several weeks, notwithstanding the woman made a perfect recovery. I did not witness the operation, but knew both parties and will vouch for the correctness of the facts. Dr. Bramblitt having offered to furnish the Society with a complete history of the case, the Secretary was directed to inform him that it would be very acceptable.

Dr. Bixby gave a description of a visit he had lately made to

THE DENTAL SCHOOL OF HARVARD UNIVERSITY.

He had been greatly interested by what he had seen and heard. One of the professors, Dr. Hawes, had lectured upon a subject that he had formerly read a paper upon to this Society:* "The mutual relations of uterine diseases and those of the teeth to each other." The students showed their interest in the topic presented by the closest attention and by frequent and prolonged applause. The school appeared to be far in advance, so far as he could judge, of anything of the kind elsewhere. At the time of his visit there were some twenty-five young men under the guidance of their teachers engaged in operating upon patients, who had thus the opportunity of obtaining excellent dental work free of all expense, save the gold used in cases of filling, there being no charge for amalgam or other cheap material.

Dr. Storer considered that what was done at the school, putting aside the excellent character of the instruction that was given, was of the greatest benefit to the community. When one reflected that not merely there was a vast amount of suffering saved, but an immense deal of other disease than dental saved that was occasioned or aggravated by reflex irritation, the fact would be better appreciated. He himself had long been in the habit of insisting that his uterine patients should have their teeth put in order as one of the essentials of successful treatment.

Dr. Bixby was satisfied of the correctness of this rule and should hereafter always apply it in his own practice.

A vote was now taken upon the proposed additions to the by-laws which had been laid over from the meeting before the last, with the result of their remaining adopted.

Adjourned.

*See this Journal, January, 1870, p. 34.

SEVENTIETH REGULAR MEETING, FEBRUARY 6, 1872.

The seventieth regular meeting of the Society was held on February 6, 1872, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Wheeler, Cutter, Bixby, Martin and H. R. Storer; and by invitation, Drs. Percy, C. H. Rooney, late of St. Louis and now of Boston.

The records of the last meeting were read and accepted.

The Secretary read letters in acknowledgment of their election of corresponding Membership, from Drs. Von Nüssbaum, of Munich; M. R. Meigs, of Bedford, Province of Quebec; William McCargon, of Caledonia, Province of Ontario; J. B. Fraser, of Belfast, Prince Edward Island; and Gerard George Tywell, of Sacramento, Cal.

The following donations to the Library were announced: From Prof. Francesco Rissoli, of Bologna, his memoir upon Fracture of the Thigh as a cause of Pelvic Deformity, and Vaginotomy for Congenital Bipartition; from Prof. Benjamin Silliman, of New Haven, his Introductory Lecture, entitled "A Century of Medicine and Chemistry;" from Dr. Charles A. Hart, of New York, his monograph upon Hydrocele of the Round Ligament; Dr. Stephen Rogers, of New York, the report of the committee of the New York Medico-Legal Society upon Criminal Abortion; from Dr. Ephraim Cutter, of Woburn, his monograph upon Thyrotomy; and from Dr. Winslow Lewis, President of the Society, Prof. Lewis A. Sayre's papers upon Luxation of the Elbow, and a Vertebred Probe and Catheter, modified also to serve as a uterine sound. At the suggestion of Dr. Lewis, Dr. Storer presented a photograph of Dr. McDowell, the founder of Ovariectomy, which had been sent to him by Prof. John D. Jackson, of

Danville, Ky. Meeting in California and discussing together McDowell's great merits, Dr. J. had mentioned that somewhere in Missouri in a private family, but he could not recollect where, he had seen an admirable portrait of McD., and promised to endeavor to obtain a copy, which he had now been successful in doing. It was taken from a portrait by Davenport, in McDowell's fifty-second year, and esteemed by his family an excellent likeness.

Dr. Martin exhibited a

RECTAL POLYPUS SPONTANEOUSLY EXPELLED.

The patient had been suffering from disease of the kidneys, attended with vesical tenesmus. There could be no doubt, however, from other circumstances connected with the case, that the specimen now exhibited, which was of considerable size, though not so large as one formerly exhibited to the Society by Dr. Martin, had come from the rectum.

The Secretary read a communication from Dr. J. P. Mettauer, of Prince Edward's Court House, Va., "Contributions to Uterine Surgery." It was descriptions of cases treated by

INTRA-UTERINE INJECTION OF A SOLUTION OF CHROMIC ACID.

[Dr. Mettauer's communication was published in the Journal of the Society for May, 1872.]

Dr. Wheeler asked if intra-uterine injections of chromic acid of the strength mentioned by Dr. Mettauer (gr. IV. VI. to the ounce of water), were safe under ordinary circumstances.

Dr. Storer stated that Dr. Mettauer had been quite cautious in the strength of his applications as compared with the practice of many of the heroic injectors of the

present day. He himself did not think intra-uterine injection nearly as safe as the application of the same agents even in greater strength by a bit of cotton upon an applicator. When he had used chromic acid, which was much more frequently formerly than at the present time, it had been in saturated solution. Practitioners were generally coming to appreciate the dangers from shock to which, by injection, they subjected their patients.

Dr. Rooney was satisfied that Dr. Storer was right in this matter, and mentioned the fatal case of death from shock at the last meeting by Dr. Warner as having occurred at St. Louis. Dr. Rooney was present at the time that the accident occurred. It was in the case of a hospital patient. An injection of weak solution of iodine was thrown into the uterus. The patient threw up her arms and instantly expired, before even the operator could advance his speculum.

Dr. Cutter asked if the use of medicated cloth tents, sent by Dr. Taliaferro, of Georgia, to the Society at its last meeting, would not be found to answer every indication.

Dr. Storer replied that in careful hands, and used understandingly, they might often be found of advantage. They resembled in their indications those of medicated sponges very narrow and tapering, that had been suggested by Dr. Thomas, of New York. He did not think, however, that they could even generally take the place of the applicator.

Dr. Cutter wished to know if it was possible for the inexperienced to employ the applicator, without touching portions of the cervix which required no treatment, or discharging all the agent with which it was loaded before reaching the desired point.

Dr. Storer suggested that the carelessness of the inex-

perienced should be no bar to those who were more expert. If the patient were in proper position, the cervix sufficiently dilated and the applicator was skilfully used, it would be found that there would be no difficulty in reaching to any desired degree the uterine cavity. So far as concerned chromic acid, it would be recollected that when in any strength it violently attracted cotton and sponge to such an extent as at times to startle the operator. It must also be borne in mind that however employed, when care was not used to protect the vaginal walls, intra-uterine injection very frequently induced vaginitis, and consequently more or less complete atresia.

Dr. Wheeler was convinced that the danger of intra-uterine injection compared with the use of the applicator was so great as to warrant for the latter a decided preference.

Dr. Rooney reported a case of

REFLEX MANIA.

The patient, aged 20, was married last August. She aborted at five months, near the close of December. Six days since, it being about the time when the menses should have re-appeared, she went to a ball in Chelsea, across the harbor, and got chilled. The next day she did not feel quite as well as usual, there was some soreness in the lower pelvis, etc., and as she was constipated, Dr. R. ordered blue mass and a saline. The day after she felt better again, and was up and about the house; within twenty-four hours, however, she was suddenly seized with violent mania. To quiet her, she was ordered two drachms of chloral, divided into four doses. The first two of them had no perceptible effect; she then gradually came under the influence of the drug, and slept for twelve hours. Upon waking, there was a partial return

of the reason, but frequent attacks of syncope, unattended by any convulsive motion. Camphor and ammonia were prescribed, cold to the head, a sinapism to the back of the neck, and another mercurial, under which she had gradually improved. The menses appeared, but very scantily, lasting but ten hours. They had always, however, been scanty, and she had had hemoptysis. On account of this pulmonary tendency, she had been told by a physician of Brattleboro', under whose care she had been, "never to wear flannels for fear of incurring the delicacy of her lungs!" It was to this strange advice, Dr. Rooney thought, that her present illness might be attributed.

At this juncture Dr. H. R. Storer was called to the patient in consultation. He found upon examination that the uterus was congested and anteverted, with tenderness upon pressure to the right, and was present during one of the fainting attacks already described. He made no material change in the treatment, save to suggest local leeching should there be a return of the mania. The patient was now doing well.

Dr. Storer considered the reflex character of the case had been evident enough. It was, he thought, the tendency of medical men to give smaller doses of chloral even in acute mania, than when the remedy had been first suggested. He was himself constantly growing more and more cautious in its use.

The Secretary read the following communication from Dr. James Lamb, of Aurora, Ind., relative to the treatment of

PRURITUS VULVÆ.

There came under my care a lady aged about 55, seven years past the menopause, robust, fair, and apparently in perfect health. She applied to me in July, 1867, for

something to relieve an intolerable pruritus vulvæ. Vaginal examination by the touch revealed nothing abnormal except a little swelling of the cervix and patulousness of the os. The speculum showed a thick creamy discharge issuing from the os, but I find no vaginitis or eruption or abrasion about the vulva. I treated the case as actively as I felt warranted in doing for about nine months, without being able to give a particle of relief. She was very miserable, had to forego the pleasures of society, lost her appetite, and began to emaciate, when she passed into the hands of a brother practitioner. I heard no more from her for about twelve months, when I was again called to see her. I found her very much emaciated,—in fact, almost a skeleton, and she died in a few hours. I afterwards learned that she never got any relief from her annoying disease. If you can suggest anything to the busy practitioner, that has occasionally to be the gynæcologist also, you will certainly confer a great favor. Dr. T. Gaillard Thomas, in his *Diseases of Women*,* states as his experience that such cases can only be palliated, not cured; but in my case I could not even palliate.

Dr. Bixby remarked that troublesome as were the cases instanced by Dr. Lamb, they were more than equalled by the rarer examples of general hyperæsthesia. He had heard Prof. Hebra, of Vienna, relate the history of an inveterate case of general pruritus, which was temporarily relieved by wearing a complete suit of India rubber cloth, the whole body being encased, fitting closely at the neck. The apparatus was worn only one night, and the patient remarked the next morning that he had not slept so well for years. Dr. B. regretted not to have heard more of the case. Dr. B. thought there would be no harm, at least, in applying over the entire genitals a closely fitting rubber bandage as an experiment.

* Loc. cited, 1868, p. 243. .

Dr. Storer said that physicians too often looked upon pruritus occurring at the climacteric and afterwards as necessarily incurable. Many writers indeed stated this to be the fact, and there were undoubtedly many cases which practically proved to be such, but it was not necessarily the case. Neurotic, except in cases where retrograde metamorphosis of tissue actually occurred, it might depend upon a vast number of causes, the detection of which was essential to its satisfactory treatment. Where purely reflex, everything for instance would depend upon, whether it were occasioned by rectal ascarides or by uterine disease, or by the presence of that almost entozon, the trichonoma vaginalis. It might attend pelvic cancer, even in older persons than the case described by Dr. Lamb, or might be owing even to a stone in the bladder. In other cases, while still reflex, it might be owing to irritation from disease of the brain or spinal cord. Dr. S. thought that the differential causation of the cases was not closely enough studied, even by physicians who were most interested in their cases and most anxious to effect a cure.

Dr. Storer read a letter from Dr. S. D. Mercer, of Omaha, Nebraska, relative to measures for

THE SUPPRESSION OF CRIMINAL ABORTION,

and announcing that one of the most notorious abortionists of that Territory had been convicted and sentenced to imprisonment.

Dr. Storer commented upon the growing sentiment of the community that this crime must be suppressed. It was evident that efforts that a few earnest men had made in the face of doubt and ridicule were now producing their perfect work throughout the country. The crime had been everywhere rampant, in the Pacific just as in the more Eastern States. While he was in California an

instance had occurred in which there was employed a novel but very effective method of cure. Its mention in the present connection would probably lead to its very general adoption.

His advice was asked under the following circumstances : A married woman had obtained, there was evidence to show, the induction of abortion by a medical man, without the knowledge of her husband. Very dangerous symptoms ensued, and the husband was determined to bring his wife's attendant to such grief as would be likely to ensure his good behavior for the future. To prosecute him upon the criminal charge would probably have been useless, as in a notorious case in San Francisco, where a Dr. J. had been convicted and sent to the State Prison at San Quentin, he had immediately been pardoned by the Governor. Under these circumstances, Dr. Storer's advice being asked by the lawyer who had been consulted in the case, he had suggested that to try the cause from its civil side as a suit for "loss of the wife's services," as the phrase is, might prove successful. Measures were taken in this direction, and fifteen hundred dollars were immediately paid, Dr. Storer was informed, to stop the suit. This was of course tantamount to a confession of guilt.

Dr. Martin related an unsuccessful case of

CAPILLARY PARACENTESIS OF INTESTINE FOR THE RELIEF OF TYMPANY.

Dr. M. had lately been called by Dr. John L. Flint to a case of peritonitis, and had diagnosed obstination of the intestines through reflexion or the pressure of a tumor. The abdomen was enormously enlarged, and through its walls the coils of distended intestines were plainly enough to be perceived. All sorts of treatment had been adopted that was likely to give relief—carminatives,

opiates and drastic cathartics; and though at first improvement had been hoped for, it had not been obtained. Dr. Martin had then taken the long tube of a stomach pump, softened by immersion in warm water, and then introduced his hand by degrees into the rectum without rupturing the sphincter, he had passed the tube with difficulty beyond the enlarged and indurated uterus, into and beyond the sigmoid flexure, and into and nearly the whole length of the transverse colon, as could be easily perceived by the hand upon the abdomen. Through the tube a large quantity of warm water had been thrown, in hopes of overcoming the obstruction, but without effect. The patient was evidently about to die, and Dr. Martin had then suggested the operation of puncturing the intestine quoted by Gresolle, though he does not state with what success, as having been performed by Beaumes and Trousseau.* It was accordingly determined upon and performed. Dr. M. first introduced the longer needle of a hypodermic syringe through the abdominal wall into what must have been the large intestine, with the effect of a very slight escape of gas with a strong fœcal odor. In hopes of producing a greater effect of the kind, the canula of a pneumatic aspirator was substituted and exhaustion by pumping induced, but a very small quantity of gas, however, could be discharged, notwithstanding the puncture was made at different points of the abdomen, and in every instance the intestinal odor occurred, so that practically the operation was a failure. The patient lived five days subsequently, without any signs of increased peritoneal inflammation, even at the points of puncture. No autopsy was allowed.

From his study of the case, Dr. Martin was satisfied that there must have been paralysis of the intestinal coat, from long continued distention, to such an extent that it

* For a discussion by the Society of such cases as the above, see this Journal, Dec. 1870, p. 366.

could not expel the flatus even after an artificial opening had been made.

Dr. Storer considered the explanation offered by Dr. Martin alike ingenious and reasonable. In such a strait the only hope would seem to be to perform abdominal section and search for the obstruction. If this were from flexion, the intestine might be replaced, but if not, fresh punctures might be made and direct manual pressure applied.

Dr. Cutter stated that he had operated in the same way as Dr. Martin had done, but without benefit.

Dr. Martin asked Dr. Cutter if he was sure that he had really punctured the intestine.

Dr. Cutter was not quite certain upon this point. He had lately been puncturing the abdomen for a wholly different purpose, for testing

ELECTROLYSIS IN UTERINE FIBROIDS.

Dr. Cutter's experiments had been made in connection with another physician, whose name he was not permitted to mention. The battery employed consisted of sixteen plates, carbon and composition, eleven inches by seven, with the constant current. The needles were inserted through the abdominal walls, several inches into the substance of the fibroid, the patient being under chloroform. Symptoms of great prostration were at once induced, flagging of pulse, paleness of countenance, etc., with pain for several hours afterwards. After the first application, the tumor seemed for a while to increase in size. It subsequently seemed softer, and there was a sense of fluctuation. The needles now entered more easily into the substance of the tumor. There had been no signs of peritonitis. It had been his own preference to attack the tumor from within the vagina, but the physician in charge

had decided upon abdominal puncture. The treatment was to be discontinued for the present, so as to judge how much effect had been really produced.

Dr. Martin desired to know if Dr. Cutter's experience of electrolysis had been confined to this single case.

Dr. Cutter replied in the negative. He had before employed it in another instance, but with no appreciable effect.

Dr. Martin suggested that attempts at electrolysing fibroids were not so novel as Dr. C. had seemed to suppose, but he did not think that the results thus far reported were very satisfactory. The operation would not seem to be necessarily attended with danger. The opinion that seems to obtain upon the point was probably about as well based as that concerning the

VACCINATION OF PREGNANT WOMEN.

Meigs, an authority who he thought overrated, had stated that he should consider the physician guilty of murder who vaccinated under the circumstances. Supposed Dr. Martin had nevertheless repeatedly done it, certainly as often as ten or twelve times, without ever seeing an unpleasant effect. Meigs' absurd remark had produced a very unfortunate influence upon the profession in deterring from what was as much one's duty as under any other circumstances. Dr. Martin related a case in point where a pregnant woman desiring to be vaccinated was persuaded against it by her physician ; she took small-pox and died.

If small-pox occurs during gestation, the patient is almost sure to abort, even if her life is saved ; and the question of the propriety of vaccination at such a time evidently comes within the scope of this society. He trusted that, though he was personally so interested in the spread

of vaccination, it would not be thought that by bringing this point up for discussion he had an axe to grind.

Dr. Wheeler had vaccinnated two pregnant women within the last week.

Dr. Storer had that very day advised that no time should be lost in a similar case.

Dr. Rooney had vaccinated during pregnancy in at least a dozen cases when practising at the West. He had done so in one case only yesterday. He related a case that he had seen when post surgeon at Helena, Ark., where a colored woman seven months gone was brought to the small-pox hospital then under his charge. She had the disease severely, but went her full term, and the child when born was found to be badly pitted.

Dr. Martin had at one time in the South seven hundred and eighty cases of small-pox under his care, both black and white, but neither here, nor during his private practice of twenty-six years, had he seen more than one case of small-pox occurring after a former attack. This was a woman whose face was well pitted from having had the disease many years before in Germany. She was between three and four months gone, but had been nursing another child which had previously been vaccinated. She went the full term, and the child was born with its skin perfectly smooth and clean. Dr. M. vaccinated it several times without effect, and it died at six months of hydrocephalus. This was the only case of resistance to vaccination under just these circumstances that he had personally known, but he had been told of one other by the late Dr. Dalton of this city, where he had failed, after repeated trial, in the case of an infant whose mother had had varioloid a month previously to its birth. Dr. Martin had known of but two other cases of entire resistance to vaccination. In one of them, from Gloucester, it had been attempted twenty-two times, and

in the other eighteen. He had, however, seen many where others had repeatedly vaccinated in vain, but he had succeeded.

Dr. Rooney had himself been vaccinated a great many times, but without success.

Dr. Martin referred to a peculiar statement that Dr. Cotting of this city had lately published concerning the utility of vaccination, which, if it proved anything, would seem to prove that Dr. C.'s virus was worthless, for his patients all had varioloid. Dr. M. related an instance where the City Physician lately undertook to remove one of his patients to the small-pox hospital, but he prevented it. It was a mistake to believe that the law could compel such a removal. It was not safe for a patient to be removed, as in this case, on the seventh day, and the small-pox hospital was not fit for a sick dog. The first eight or nine carried there from Boston Highlands in the present epidemic died without exception. Friends cannot obtain the bodies for burial, and the poor will neither go themselves when attacked, nor allow their relatives to be carried there. Dr. M. thought that the City Physician should much rather attend to seeing to the purity of the virus employed by the profession, and that the houses and surroundings of patients are kept properly clean, than be making raids for the persons of patients. Dr. Martin had never seen the second case of variolous disease in families where all the other members had been vaccinated within four days after their exposure to this contagion. The City Physician takes away the affected person, but takes no pains to see that those who have been exposed are now protected by vaccination. He did not think the people should be punished,—for that was just what removal amounted to,—for the crime of not having been protected by vaccination. The present system was worthy

of the dark ages, but not in keeping with the nineteenth century.

Dr. Storer stated that while in California he had taken measures to obtain for the Society information concerning the

GYNÆCOLOGY OF THE PACIFIC COAST,

which presented for obvious reasons a great many interesting features, which were enhanced again by their relation to local climatic peculiarities. He had received a great many letters in answer to his inquiries, which he would present to the Society from time to time. He had met everywhere with the kindest interest in his investigations, with but one single exception, and this a physician in San Francisco, who, as might have been expected, had concealed his identity. The following was his reply to Dr. Storer's inquiries. It was now presented as one of the curiosities of medical literature. The names given are of females unpleasantly notorious in the early history of San Francisco:—

“For the most complete history, outline and otherwise of the department referred to, I beg to refer you to the Pioneer Observers of this coast. During your stay apply to them, viz.: Madames Rose Cooper and Mary Robinson, Dupont street; Mary Blaine, at large; and Mary Holt, City Prison.”

The letters now given would be found of a different stamp. The first is from Dr. Forbes Barclay, of Oregon City, Oregon. He says: “I would state that although I have resided on the Pacific coast over thirty years, I am dubious whether or no I can throw any light upon the subject that you desire. The first twelve years of my residence in Oregon was with the Hudson Bay Company

as surgeon in their employ, when at that time there were but few white women west of the Rocky Mountains, but since 1849 my practice throughout Oregon and Washington Territory has been very extensive. Nevertheless I have not known of any particular disease or operation on women different from those of older countries. The few surgical operations for lesions or uterine diseases have gone up to San Francisco for treatment. Other chronic diseases common to women have been, owing to the salubrious climate of Oregon, when properly treated, successful. At the same time, I have not met with any anomalous cases different from those mentioned in books, merely the symptoms were aggravated by improper treatment, etc. Departing from the main subject of your letter, I would say that the catamenia commence here early in life. At the age of eleven to thirteen is the most common monthly period, and girls here are fit for conception at fifteen. Indeed, I have waited upon many with their first child fifteen and a half, and as a general thing the women of this country are very prolific. Twins and triplets are very common, notwithstanding the children are healthy and well developed. I have observed that almost all the chronic cases of disease that I have met with have been old cases visiting Oregon for better health."

The second is from Dr. S. P. Crawford, of Collegeville (San Joaquin Valley), Cal., and is as follows :—

"I have been on this coast for less than two years, and of course, have not the observation and experience of those of longer residence. Twenty-five years of my professional life have been spent in a southern State, I am therefore but a novice here, for diseases, you know, have to be studied in their *special localities*. An account of the Medical Topography of this Valley was published by me

some months ago in the Nashville *Journal of Medicine and Surgery*.

“I find female diseases more common here than in the East. Amenorrhœa, dysmenorrhœa, and menorrhagia, with all their concomitant sympathies, render a large portion of the female population miserable. In a large portion of these cases I find dislocation of the uterus, inflammation and ulceration of the cervix. Cases of persistent menorrhagia are generally caused by polypoid vegetations springing from the mucous coats of the organ.

“There are various causes for the prevalence of these uterine affections in this valley, the most important of which are climate and water. The thermometer ranges, during a large portion of the summer months from 100° to 110°. The water is strongly alkaline, altering the healthy constituents of the blood; this, connected with the depressing effects of long-continued heat, is relaxing to tone and fibre, and general anæmia follows, with local congestions of stomach, liver, kidneys and uterus. It is charged too, by those of their own sex, that the crime of procuring abortion is common. Of this I am not positive, but am inclined to the opinion that it is really more prevalent here than even in the East. Then again, there are an innumerable number of charlatans who make a specialty of female diseases, who are totally ignorant and unworthy, but who have tortured the womb with dilators, caustics, supporters, and pessaries, to the great aggravation, in almost every instance, of these afflictions. Then, there is an amount of drugging, whether for criminal or other purposes, I cannot say, with “female regulators,” that is greatly injurious to the general health.

“I have performed no operations worthy of record. My method of treatment is mainly through the general system, and consists of chalybeates and the barks, with soothing local applications. I do not resort to injections,

except in those cases of troublesome hemorrhage from vegetations, when I use the persulphate of iron or the nitrate of silver. In one or two instances I have used the curette of Sims, and the caustic, as applied by Dr. Nott."

Adjourned.

PELVI-PERITONITIS.

(Communicated to the Society and read May 7, 1872.)

BY T. CURTIS SMITH, MIDDLEPORT, OHIO, Corresponding Member.

By Pelvi-Peritonitis we mean inflammation of the pelvic portion of the peritoneum and confined strictly to it. This therefore does not include that form of peritonitis which begins in the pelvis and afterwards becomes general, and is described as metro-peritonitis. It only includes that portion which inverts the pelvic viscera, and is quite essentially confined to females only, who are quite obnoxious to it, there being few of any causes aside from traumatic which would be likely to give rise to it in the male.

The literature of this oft-recurring disease is not very abundant, and it is only now and then that we catch a photographic glimpse of its character in text books or in current professional literature; many of our leading authors do not mention it, and the only systematic thesis on the subject within my reach, from American writers, is from T. Gaillard Thomas of New York City.

The disease however was first described by Morgagni, and later, in 1816, by Nauche in his work on diseases of

the uterus, as inflammation affecting or involving the serous covering of that organ. In 1828, Madame Boivin charged the fixity of the uterus, produced by this disease, as a frequent cause of abortion. A few years later she stated that immobility of the organ might be and was frequently caused by "peritonitis, metro-peritonitis and pelvic abscess." It is very probable that the "pelvic abscess" here spoken of, was the result in most instances of pelvic cellulitis, for this latter disease, though well known two centuries prior to 1833, was nevertheless quite obsolete at the date of Madame Boivin's writing, nor was it revived and brought prominently before the profession till Bourdon* wrote upon it (pelvic cellulitis) in 1841, Doherty, in 1843, Michael De Calvi, Churchill, and Lever in 1844. The resurrection of a knowledge of "periuterine cellulitis" and the attention which was so strongly given it, seemed to run the profession into the habit of denominating nearly every pelvic inflammation as pelvic cellulitis, though it was not known by this name till Sir J. Y. Simpson applied this term to it. Prior to his graphic description of it, the disease was known as "Perimetritis,† periuterine phlegmon, inflammation of the broad ligaments, and pelvic abscess." In 1839, Grisolle described cases of "circumscribed peritonitis" which might be mistaken for uterine or pelvic tumor. "Thus§ the matter rested until 1857, when M. Bernütz in a treatise written in concert with M. Goupil, not only drew especial notice to it, but took the position that inflammation of the cellular tissue immediately around the uterus * * * did not exist as a pathological reality, but that the lesions ascribed to it were absolutely due to pelvi-peritonitis." The researches of these gentlemen proved conclusively that many cases then named pel-

* Bourdon described it as "Fluctuating Tumor of true Pelvis."

† T. G. Thomas, p. 365. 1st Ed.

§ T. G. Thomas.

vic cellulitis, were in reality cases of pelvi-peritonitis, and especially did they establish that fact with reference to those cases where cellulitis was claimed to occur in non-puerpural women. From my own experience and reading, I am thoroughly satisfied that this want of distinction between the two diseases still exists with a large majority of the profession, and that perhaps four-fifths of the cases now called pelvic cellulitis are in reality pelvi-peritonitis. The former is quite rare, the latter of frequent occurrence. The nomenclature of these diseases has been so varied that it is little wonder that great confusion and misunderstanding of what ideas the different writers intended to convey, has occurred. Hence an exact knowledge of their distinctive features does not yet generally prevail. But the symptoms and signs of this disease, when well observed, are as separate and distinct from other pelvic affections as pleuritis is from pneumonitis, the former being its exact analogue. We may have pleuritis in any extent, or degree of intensity, from a mere spot causing "stitch in the side" to that involving the whole serous investment of the thorax and lungs, with its resulting effusion and consequent empyemia. So in pelvi-peritonitis we may have a mere point of circumscribed inflammation to that involving the whole of the pelvic portion or even becoming general. We may and frequently do have the two diseases above named existing together and complicating each other, the same as pleuritis and pneumonia do in many cases. Indeed cellulitis is very frequently accompanied by local peritonitis, but the former is seldom present with the latter. Prof. Thomas, records his conclusions as follows, viz. :—

First.—Periuterine cellulitis is very rare in the non-pregnant women, while pelvi-peritonitis is very common.

Second.—A very large proportion of the cases now

regarded as instances of cellulitis are really those of pelvi-peritonitis.

Third.—The two affections are entirely distinct from each other, and should not be confounded, simply because they complicate each other. They may be compared to serous and parenchymatous inflammation of the lungs, pleurisy and pneumonia. Like them they are separate and distinct, like them affect different kinds of structure, and like them complicate each other.

Fourth.—They may usually be differentiated from each other, and a neglect of such thorough diagnosis is as culpable as a similar want of care in determining between pericarditis and endocarditis.

This latter conclusion may seem too strong but the distinctive features are certainly as well defined and separate from each other as those of pleurisy and pneumonia when once understood.

How then shall we be able to diagnose this disease and separate it from several others for which it may be mistaken? In the acute form the patient will complain of tenderness in the pelvic region, which is soon succeeded by a sensation of chilliness with severe sharp or agonizing pain, or the pain and chill may appear without being preceded by any very marked tenderness or even uneasy pelvic sensations. The sensation of coldness however is not invariably present, and pain and fever may occur without its being observed. The severe pain is not constant, but may at times be moderated, soon to be succeeded by a fresh attack. In all the severe acute cases coming under my observation, profuse perspiration has accompanied the pain and fever after the chill has ceased, and this has continued until all acute symptoms have subsided. The pain is often so severe as to greatly prostrate the patient in a short time, and during its continuance she may toss about in her agony, clench the bed-clothes with

hands or teeth, utter doleful sounds indicative of great suffering, become hysterical or delirious. The pulse will now be found rapid and feeble. The skin will soon become, if not so already, hot and clammy, and any movement of the bed-clothes will create a chilly sensation, and nervous agitation similar to that witnessed in a patient suffering an exacerbation of intermittent fever. The facial expression will be that of great anxiety, as though apprehensive of imminent danger. The lips and tongue will be indicative of a high grade of serious inflammation, a few hours later the teeth will be found fuliginous. Many hysterical symptoms are often present, so much so that unless the pain is made known and other symptoms and signs carefully observed, it may at first be mistaken for that affection.

There is frequently present severe and obstinate nausea and vomiting during a part or all the course of the disease, greatly interfering with the comfort and treatment of the patient. The so-called chills will be likely to occur at very irregular intervals, but the sweating is apt to continue until permanent relief is afforded. True these are so far the evidences of general peritonitis, but if we now turn to the physical signs the difference will be unavoidably recognized. Placing the hand over the abdomen the patient will not likely complain, even under quite heavy pressure, but when pressure is used over the hypogastric, or the iliac regions, great tenderness is observed and the patient will cry out with the pain. Upon instituting the vaginal taxis the first thing usually observed in an acute case is the excessive heat imparted to the finger, the temperature ranging in many cases as high as 103 ° to 105 ° F. The mucous membrane will also be dry, unless a muco-sanguineous discharge is present. There will also be found great sensitiveness of the uterus and vaginal cul-de-sac. But there will be none of that

“doughy, œdematous, puffy feel” which accompanies periuterine cellulitis should the attack prove ephemeral; but little beyond these physical signs will be observed, but in the very severe or grave cases, we will be able to notice later, a well defined point which is very painfully tender, or an “ill-defined tumor” which is generally posterior to, or at one side of the uterus, and any attempt at this time to move the organ will be met with resistance, and the whole pelvic roof will be found hard and sensitive, sometimes so hard that it has been compared to a board, and the sensations imparted are not unfrequently similar to it. When pus has formed, or the lymph thrown out has not yet agglutinated the pelvic viscera, a sense of fluctuation may be imparted.* The tumor in this case is not, then, real and veritable, but the sensation is imparted by the firm agglutination of the pelvic and lower abdominal viscera. The hard sensation imparted by the pelvic roof will continue as long as the coagulated lymph remains organized. This lymph often accumulates sufficiently to crowd the uterus in the opposite direction, and when it commences to contract may displace that organ by drawing it towards itself. I should have stated before this that micturition is generally attended with much difficulty, the desire being frequent, the quantity of urine voided small and attended with a burning sensation.

When† we take into consideration the causes capable of producing pelvi-peritonitis, viz.: blenorrhagia parturition, abortion, menstrual suppression, injuries to the pelvic viscera, as improper use of sound, and intra-uterine injections, the operation of hysterotomy, and also cancerous and tubercular deposits, it is not a matter of surprise that the disease is a frequent one. Indeed it is surprising that it is not more frequently recognized and was not sooner defined.

* The same when serum is present.

† C. D. Palmer, Cincinnati, Lancet and Observer for 1869, p. 340-1.

To the above causes may be added cellulitis, metritis, ovaritis, inflammation of the fallopian tubes (salpingitis) the use of tents, the escape of any fluid into the pelvic cavity, exposure to cold, and the improper use of pessaries. Many cases of it have of late years been produced by intra-uterine injections, and occasionally by other forms of intra-uterine medication. I have myself produced it by injecting the uterus, and also by the application of argenti nitras to the intra-uterine surface. Dr Thomas* of N. Y., states that he “produced a well marked case which almost terminated fatally, by injecting a solution of persulphate of iron into the uterine cavity.”

The differentiation of this disease is sufficiently easy in very well marked cases, but there are many cases in which great care is necessary to a correct diagnosis. I can scarcely do better than point out the distinctive features so plainly and pertinently set forth by Prof. Thomas.

There are three diseases which it is most likely to be mistaken for, viz : periuterine cellulitis, pelvic hæmatocele, and fibrous tumors. When cellulitis is confined to the cellular tissue most closely connected with the uterus the distinctive signs will not be clear. In such a case the cause of attack will aid greatly in forming a correct conclusion. Cellulitis will rarely occur unless preceded by an operation, by abortion, or parturition, while pelvi-peritonitis may be produced by any of the causes before named.

Other † signs by which we may arrive at a decision may thus be tabulated:—

PERIUTERINE CELLULITIS.

1. Tumor easily reached, generally felt in one broad ligament, and may be felt above the pelvic brim.

PELVI-PERITONITIS.

1. Tumor very high, only in vaginal cul-de-sac, does not extend above superior strait.

* Loc-Cit.

† Thomas' Diseases of Woman, 2d Ed. p. 389.

PERIUTERINE CELLULITIS.

2. Marked tendency to suppuration.
3. Abdominal tenderness, chiefly over one iliac fossa.
4. Tumefaction generally noticed latterly in the pelvis.
5. No constitutional signs of peritonitis present.
6. Tendency to monthly relapse not marked.
7. Retraction of thighs not rare.
8. Pain severe and steady.
9. Facies not much altered.
10. Nausea and vomiting not excessive.
11. Does not necessitate displaced uterus.
12. Not accompanied by tympanites.
13. Uterus fixed to limited extent.

PELVI-PERITONITIS.

2. Suppuration rare.
3. Abdominal Tenderness excessive above brim of pelvis.
4. Generally noticed near or upon the median line.
5. Constitutional signs of peritonitis present.
6. Tendency to relapse every month very marked.
7. Retraction of thighs never occurs.
8. Pain excessive and often paroxysmal.
9. Facies very anxious.
10. Nausea and vomiting often excessive.
11. Uterus always displaced.
12. Always accompanied by tympanites.
13. Uterus immovable on all sides.

The doughy * feel is a prominent sign of pelvic cellulitis. From pelvic hæmatocele it may be distinguished by the apparent cause producing it in the case in hand, the absence of great pain, tenderness, and evidence of inflammation, greater size of tumor, its rapid formation, with the presence of evidence of hemorrhage, and usually vaginal sanguineous discharge. Pelvic hæmatocele is caused by rupture of a vessel in the pelvic or abdominal cavity by such straining efforts as would be liable to cause intra-peritoneal loss of blood. This is also quite rare, while pelvi-peritonitis is quite common. The two diseases may exist together and complicate each other.

From fibrous tumors, by absence of pain, tenderness, and by mobility of uterus, as well also as absence of all evidence of inflammatory action.

* This is absent in pelvi-peritonitis.

This affection often results in more or less permanent displacement and fixity of the uterus, and is a more frequent cause of abnormal menstruation, sterility, or abortion than most of us have supposed.

The following case of this disease occurred to me about twenty-three months ago.

Mrs. S., colored, æt. 22, of spare habit, badly nourished, and situated amidst the worst hygienic surroundings, was confined with her second child, April 21, being attended by a midwife. She was carelessly nursed, but was up however in a few days. Soon after this a severe cold was contracted, a chill occurred, during which extreme pelvic pain and tenderness were present with a rapid, feeble pulse, anxious expression, brows knit, skin hot, and perspiration profuse after subsidence of the chill. It was in this condition I found her. She could not bear any pressure on the hypogastric region. Vaginal examination proved the existence of excessive heat and tenderness, with some tumefaction. Two days later the tenderness and pain were excessive, all the other symptoms being increased. The touch at this time reveals very great tenderness of the uterus, and cul-de-sac, with what appears to be a tumor as large as medium sized orange posterior to the cervix, the pelvic roof firm and unyielding, and very tender on pressure. Ordered blister to hypogastrium, to be followed by warm fomentations, and vaginal enema of warm water. To have anodynes sufficiently, with tonic and alteratives, and kept quietly in bed. This was continued with slight variation for a week, when she was much better. Tonics and alteratives continued. Tincture iodine over lower half of abdomen. Three weeks later had a similar attack caused again by imprudent exposure and exercise, from which she recovered. She has, however, suffered from dysmenorrhœa, and considerable pelvic pain ever since, and to

this date, (though of course not long) she has not again become pregnant. The fixity of the uterus has quite disappeared. It is hardly necessary to relate other cases at present, as no doubt you have all observed them, or can call to mind many you have treated.

These remarks have been intended so far, to represent the acute form of the malady. In the chronic form every grade of severity may exist, from the grave acute to mere pelvic uneasiness, and may exist for a great length of time. These are more difficult of accurate diagnosis than the acute cases.

The pathology is the same as in serous inflammations generally, being in three stages. The first, that of engorgement and turgescence of the vessels, producing pain, heat, dryness, and redness. The second, in which plastic lymph is thrown out, falling to the most dependent portion of the peritoneum. There may also be serous purulent or sero-purulent collections during this stage.

In the third stage the lymph undergoes organization and subsequent contraction which may continue till it quite disappears. If the fluid be serous it undergoes absorption, if purulent, it is evacuated. The lymph in this stage binds firmly together the uterus and its appendages, with such portions of intestine as may be in immediate contact, thus forming the ill-defined tumor causing fixity of the uterus, and hardening of the pelvic roof. Treatment. In the first stage relief of pain is the most prominent symptom to be met. This can probably be relieved more quickly by the hypodermic use of morphia than any other means, but anodynes by the stomach or rectum would be very proper. Leaches may be used. Cupping cannot be well borne. Hot fomentations are very appropriate. No cathartics should be used, unless for some marked indications for them, as they greatly

aggravate the pain and irritation already existing. The diet should be light and nourishing, and strict quietude in bed should be enjoined.

In the second stage large and repeated blisters are very highly serviceable, and these should be kept discharging freely.

In lieu of these, strong tincture iodine will be useful. Anodynes and alterative agents will also be beneficial. During both of these stages anodyne vaginal suppository may afford marked relief.

The third stage should be managed with the use of tonics, alteratives, (the latter locally and generally) also good hygienic measures, and the proper use of passive exercise. Every measure liable to increase the local trouble should be carefully avoided. The patient should be kept well in hand till every sign of the disease disappears.

If the formation of pus should occur the important question as to whether it should be evacuated or allowed to open spontaneously. Formerly it would no doubt have received from the majority a negative answer, as it always involves considerable risk in opening any one of the serous sacs. Latterly so much danger has not been apprehended from this operation, but where the formation of pus occurs, by the time its existence can be diagnosed it will most likely be enclosed in a pyogenic sac which will prevent the bistoury from touching or opening the peritoneum proper. Where such is the case, I would say by all means open it, and allow the pus to escape. By so doing the danger of its spontaneous evacuation into the peritoneal cavity, and its exciting general peritonitis will be avoided. In this operation there is but little danger from that bug-bear that has so long deterred many from opening serous sacs, viz., the admission of air as the sac formed

will prevent its passing beyonds its limits. When the sac contains serum, and the inflammation is still of a high grade, then an incision, or plunging a trocar into it would be of doubtful propriety.

When the sac is evacuated it should be done with a small trocar and canula.

A SUCCESSFUL CASE OF OVARIOTOMY.

BY GEORGE HOLMES BIXBY, OF BOSTON.

(Communicated to the Society and read June 4, 1872.)

Mrs. M., wife of a colleague, residing in New Hampshire, at the instance of Dr. Henry I. Bowditch, consulted me May 16, 1872, for an enlargement of the abdomen. The patient is a slender person, of medium size, with sharp features, dark complexion, black eyes and hair, the latter slightly sprinkled with gray. She is forty-five years old, and is a native of Maine. Her father died at seventy-six, the mother is still living, having passed the climacteric at fifty. She is a member of a family of four sisters, all more or less invalids. Menstruation has been regular as to time, quantity, and quality, since her fourteenth year. She married at twenty-one, and has given birth three times as follows:—

The first, in February, 1854, one year and nine months after marriage, the last menstruation appearing the June previous; the second, in August, 1855, last menstruation in December previous; the third, in January, 1857, seventeen months after the second, last menstruation in April previous. The two first children were premature and still born, and in both, there were evidences of the arrest of development, at a point near the cervical vertebræ.

The third child was perfectly formed and lived twenty hours. At thirty-four menstruation became irregular, the intervals being variable. Within a year the catamenia have become scanty, and she has suffered from habitual constipation. Two years ago her attention was directed to a small swelling in the vicinity of the right ovary, which has steadily increased. Corresponding with the growth of the tumor, there have been marked nervous manifestations. By inspection, the abdomen was the size of pregnancy at the eighth month. External genitals and mammæ normally developed. Palpation gave evidence of a thin layer of adipose tissue. Upon the slightest percussion the wave of fluctuation was distinctly perceptible in all parts of the abdomen, save at a point immediately above the right ovary. A vaginal examination revealed the following:—Vagina normal, no pouching in Douglas' fossa, cervix uteri small, the uterus ante and latero-verted, and movable to a limited degree, its movements being interfered with by a mass pressing upon it from the right. The uterine cavity measured two-and-a-half inches. Having satisfied myself as to the nature of the affection, I informed the husband that his wife was probably suffering from cystic disease of the right ovary, and that an operation for its radical cure was certainly indicated. As to the prognosis, as far as it was possible to predict at all in such cases, it was my opinion that the operation would be successful. In answer to his question as to the reasons for my predictions, I answered, first, I thought it to be a unilocular cyst, and very probably free from adhesions; second, the peculiarly nervous wiry temperament which his wife seemed to possess to an eminent degree, was a condition which I had often seen to operate most favorably in sustaining the vital forces, either against the effects of sudden shock induced by severe operations like the one in contemplation, or by the more

prolonged effect of chronic affections. Upon due consultation with his wife, my proposition was accepted, and I was asked to appoint the time, and select a place for the operation. Remembering the almost uniform ill success which has hitherto attended the performance of ovariectomy in Boston, I informed them that the patient's chances for recovery would be materially enhanced by having the operation performed in the country. The following day the husband informed me that a place answering as he thought my requirements, had been secured at the house of a cousin in Winchester, on the Boston and Lowell R. R., eight miles from the city. The place was situated, he said, quite high ; and had the reputation of being a dry and healthy locality. Without making a personal examination, I accepted the arrangements, and appointed Thursday, May 23d, for the operation, that being ten days after the cessation of the catamenia. During the interval of the last visit and the day appointed for the operation, it occurred to me that I was constantly in attendance upon Dr. H. R. Storer, then suffering from profusely suppurating wounds, I therefore doubted the propriety of going every day from his bedside to that of a patient recently operated upon for ovariectomy. Upon this point I sought Dr. Storer's advice. The Doctor thought there was certainly some risk, and for proof referred me to two cases of ovariectomy recently under his care, where unfavorable, though not fatal symptoms, had been developed as he feared by passing daily from one to the other. Upon hearing Dr. Storer's opinion I abandoned the idea of an operation for the present at least. Two days before the day appointed for the operation the husband called again. I informed him of my determination, and stated to him my reasons for so doing. His disappointment was very great, for he assured me that in view of the operation since their last visit, they had travelled over two hundred

miles in order to effect important domestic arrangements. In spite of my reasons he was unwilling, even feared to propose such a change to his wife, desiring rather to accept the risk, provided all reasonable precautions were taken. Appreciating fully his apprehensions I determined to accept his proposition, and the arrangements already commenced, were permitted to go forward. The operation having been decided upon, the time and place settled, next in order came the preparatory arrangements. For the benefit of my younger confrères, and at the risk of boring the older ones, I propose to give categorically the items in preparing for the operation as well as the items of the operation itself of ovariectomy, or rather what I have deemed necessary in the present case.

I divide the preparations into two general heads. First, the duties of the friends at the house, or by internes and nurses at a hospital; second, the surgeons' duties.

In accordance with the first, the following directions were given to the husband in writing. The requisitions therein contained to be filled the day previous to the operation.

A Crosby fracture bed if possible, if not, a single iron bedstead.

A sofa for nurse.

A rubber blanket.

Four empty earthen ale bottles for hot water.

Six sand bags, five inches wide by eighteen long, for hot sand; a quantity of clean dry sand to be heated and in readiness at a moment's warning, at least an hour before the operation.

One wooden bucket for clean water, another for slops.

A tub or large vessel for receiving the contents of the tumor.

Two basins for sponges, (tin is the lightest.)

A barrel hoop cut in two and fastened together with a

strip of wood some eighteen inches apart, for protecting the abdomen from the pressure of the bed clothing.

A large fan.

A tin bucket to be filled with boiling water when required, for warming adhesive plasters.

An atomizer.

A bed pan.

Two linen handkerchiefs for the administration of chloroform.

Napkins, old sheets, etc., etc., q. s.

Two lbs. chloroform, (Squibb.)

One pint cognac brandy.

Aqua ammonia forte, q. s.

Two lbs. sat. solution carbolic acid, (Nichols.)

Six suppositories composed each of one gr. opium, and one-fourth gr. of ext. belladonna.

Emplastrum adhesivi, a roll.

Two new sponges thoroughly washed and carbolized.

Pieces of soft flannel for controlling the intestines.

Part second. Duty of the surgeon. Secure the services of a capable nurse less than fifty years old.

The following instruments ; I mention them in the order they are required at the operation :—

Two silver catheters, one for the nurse.

Three scalpels, recently put in order.

One tenaculum.

Two tenaculum forceps.

Two dissecting forceps.

Two directors.

One pair large straight scissors.

One pair large angular “

One pair small straight “

Surgeon's silk for ligature.

Two small Brown's skeleton wire retractors.

A uterine sound for uterine exploration, another for exploring the abdominal cavity around the tumor for adhesions.

Aspirator Dieulafoy.

Trocar, Spencer Wells.

“ Chassaignac long curved.

“ “ long straight.

“ Small “

Museaux forceps, long and short.

Rachet “

Non-tearing volsellum. (Storer.)

Clamp shield. (Storer.)

Ecraseur.

Acupressure pins.

“ Counter pressor. (Storer.)

Cautery irons.

Gas furnace.

Silver wire. No.

Iron “

Wire engager.

“ twister.

Hollow needles. (Simpson, modified by Storer.)

Needles for superficial sutures.

Galvanic battery.

Hypodermic syringe and solution.

Thermometer.

Upon arriving at Winchester, on the morning of the 23d, I found the location most admirably situated upon the brow of a high elevation of country, and, as I was informed, always with an atmosphere very dry, notwithstanding the fogs that prevail in the valley below at this season of the year. The house itself, the home of a sculptor, as its quaint architecture indicated, is situated in the midst of a beautiful garden, skirted by forest trees. It is built in the form of five pentagons, each pentagon

containing a tier of two rooms. The apartment selected for the operation was in the upper story of the northwest pentagon, an airy, commodious room, commanding from two large windows, to the north and west, a most delightful view of the village below and surrounding country for miles around. This little digression, though it may seem irrelevant to the subject of a scientific paper, is in our opinion by no means so when considered in the relation of the effects of mental impressions upon health and disease. The apartment was excellently well adapted to the purpose. The instructions to the husband had been carried out to the letter. I found my patient assisting in the domestic affairs, in order, as she remarked, "to take up her thoughts." There had been no necessity for the cathartic ordered to be taken the night before, for quite a diarrhœa had ensued, and also a sanguineous discharge per vaginam. The Crosby bed was now dressed and placed in the centre of the room, everything in the way of appliances, etc., scrupulously concealed in closets or neighboring rooms. In the meantime, I arranged in another room my instruments upon two waiters in the order mentioned in the list. Everything being in readiness, the nurse conducted the patient to the bed, the urine having been evacuated a moment before coming into the room. False teeth having been removed, with no one present but the husband, nurse and myself, the administration of chloroform was slowly commenced. The anæsthesia was well taken, and in twenty minutes she was completely under its influence. The appliances, instruments, etc., were now brought into the room and placed in proper positions, as follows: A table with trays containing surgical instruments on the right: buckets containing clean water, with empty one for slops, and the vessel for contents of the tumor, basin with sponges, chloroform, stimulants, disinfectants; etc., on the left.

The gentlemen who kindly honored me with their presence were now invited to enter the room, and each asked to examine the case. All agreed as to the diagnosis and the plan proposed and about to be executed for its radical cure. They now proceeded to place the bed in front, and about three feet from the north window. In this procedure, at Dr. Wheeler's wise suggestion, the operator did not assist. The patient was now drawn down toward the foot of the bed until the knees bent over, the feet resting on the seats of two wooden chairs. The clothing having been drawn up as far as possible from under the back, the patient was surrounded with hot sand bags and bottles, great care having been enjoined to have the latter well covered in order to prevent their burning the patient, while anæsthetized. The limbs were now protected by a sheet thrown loosely over them.

With Dr. Winsor in charge of the anæsthetic, Dr. Weston supporting the limbs by the knees at the side and left, Dr. Wheeler on the patient's left opposite the abdomen, in charge of sponges, and the nurse immediately at his rear, half way between Drs. Winsor and Wheeler, favorably situated to furnish chloroform to the former, and change water and carbolize for the latter, the operator on the right of the patient, his instruments within comfortable reach, the first steps in the operation may be said to have been taken.

With my left hand placed with the palma surface upon the abdomen, making with it firm but gentle traction, I commenced my incision a little to the left of the median line, at a point four inches from the symphysis pubis. Cutting down first through integument, then fat, and cellular tissue, (great care being taken to keep both ends of the wound on the same level,) I soon came down upon the sheath of the rectus muscle. The

latter was now caught up with a tenaculum, the director introduced, then slit up with scissors. Passing through the muscle, a few strokes brought me through the peritoneum and in full view of a smooth bluish colored membrane, easily recognized as the cyst wall. The incision, now two inches in length, was enlarged with angular scissors to three, in the direction of the symphysis pubis. A uterine sound intended for the purpose, previously dipped in a solution of carbolic acid, was now introduced through the wound into the abdominal cavity and swept entirely around the mass in search of adhesions; not having met with any resistance and little or no blood following this proceeding, I concluded that no adhesions existed; or, if any, very slight ones. The use of the aspirator was deemed unnecessary. With the aid of Dr. Wheeler, I now proceeded to evacuate the contents of the cyst by means of a long curved Chassaignac trocar, the canula emptying into the vessel held between the limbs at the foot of the bed. Near two quarts of a straw colored fluid escaped, then suddenly ceased entirely; all attempts failed to elicit any more. A decided prominence still remaining in other parts of the abdomen, it became evident that we had to do with other cysts. A careful examination with a *single finger* within the abdomen confirmed our suppositions. The opening made by the trocar having been secured with a ratchet forceps, the canula was removed, and one small cyst after another, lying in the immediate vicinity, opened and discharged, through the first that had been previously laid open. Later it became necessary to substitute a ligature for the forceps. By steady traction upon that mass of the cyst wall already evacuated, it was ascertained that there were still other masses firmly pressed down below the brim of the pelvis. At this point in the operation we were apprised by Dr. Winsor of a great change in the patient's

condition. The breathing had suddenly become slow, with long intervals, the pulse weak and almost imperceptible at the wrist, with other marked symptoms of collapse. This turn of affairs, when everything had been proceeding so well, was anything but agreeable; had it been my first experience of the kind, it might well have filled me with alarm. As it was, preserving as well as possible our equanimity, while I held on to the mass included in the ligature, in order to prevent the escape of fluid into the abdominal cavity, Dr. Weston injected two ounces of pure brandy into the rectum, and applied to the palms of the hands the poles of a galvanic battery. We were kept in this breathless suspense but a few moments; the effect of the stimulants were soon manifest by a more normal respiration and pulse, with a corresponding return of color to the face and warmth to the surface. In less than fifteen minutes (if my estimate of time on such an occasion can be trusted) all danger was over. The happy turn of affairs can better be imagined than described. After a few minutes she began to rally, and showed signs of nausea. Vomiting, however, did not occur. This unpleasant episode did not delay us more than a half hour. The chloroform was now resumed in a moderate degree, and the operation proceeded with. The part I had been holding on to was now carefully investigated with a finger within the abdominal cavity, and was found, as was before suspected, to consist of a series of semi-solid cysts, crowded down to the right of the uterus. By forcible traction exerted upon the ligated portion, cyst after cyst was brought into view and opened as before, through the walls of the one first evacuated, when the remainder emerged with a sally from its hiding place. In the latter no less than seven or eight small cysts in different stages of development were opened and evacuated, until finally, much to

our relief, the pedicle of medium length and breadth, came into view. Further exploration revealed no complication, and the other ovary perfectly healthy. The abdomen was now explored with sponges attached to holders, having been previously saturated and wrung out in a carbolized solution. Not the slightest trace of blood or fluid of any sort could be elicited. With Dr. Wheeler's assistance, an external clamp was now applied one inch and-a-half from the cornu of the uterus, and the pedicle divided with stout scissors. The clamp was now reposed into the lower angle of the wound, and bits of linen cloth folded, and placed under each extremity to protect the parts beneath. Three wire sutures involving the peritoneum were sufficient to bring the wound together, leaving a small opening near the clamp. The latter were now twisted, due allowance being made for œdema. The soiled clothing being removed and the abdomen washed and thoroughly dried, I proceeded now to apply the interlacing straps of adhesive plaster, after Prof. White, of Buffalo, two and-a-half inches wide, not passing entirely around the abdomen, but commencing low down at each side immediately below the ribs, and ending at a point below the trochanters in the manner of a many-tailed bandage; thus, of course, entirely covering the clamp.

Thus protected, she was carefully drawn up to the head of the bed, the sand bags and bottles for the most part removed, the apartment cleared of all the appliances, and the patient left to herself and nurse. She did not rally immediately, but slept quietly for some hours. At 6 P. M. I left her in charge of her husband and nurse, with directions not to administer food of any description until after four or five hours, to draw the urine every four hours, oftener if necessary, and to note its quantity and quality. The cysts and contents weighed not far from thirty pounds.

May 24. I saw the patient this A. M., and received the following report from the nurse:—

“Upon rallying from the anæsthesia she complained of pain in the small of the back. 9 P. M. She took small portions of milk and flour gruel well cooked, with one-third lime-water. Urine was drawn every four hours, was of normal quality and quantity; pulse 90, temperature 98.” No signs of nausea, the abdomen remains perfectly flat.

25th. The patient passed a fair night, has had hours of quiet sleep. The pain in back has entirely ceased, she complained of the lime water causing a burning sensation at the pit of the stomach; the nurse assumed the responsibility to suspend the latter, with relief to the patient, no nausea, abdomen continues perfectly flat, pulse 77, temp. 99.

26th. A good night, slept quietly one-half of the night, urine normal, nourishment continued, and was well borne; abdomen flat, pulse 80, temp. 99.

27th. There is little new to report, about such a night as the previous one, possibly a little more quiet, pulse 86, temp. 98, urine free, abdomen slightly raised along the track of the descending colon, probably an accumulation of gas.

28th. The patient is a little restless this A. M., owing to a sharp attack of colic about midnight, which yielded readily to a suppository composed of a grain of opium, and a fourth grain of the extract of belladonna, pulse is 92, temp. 99, urine high colored, but free. Beef tea added to nourishment.

29th. A fair night, nourishment increased, urine free, normal color, pulse 80, temp. 98.

30th. The patient has had a quiet night, pulse 96, temp. 98. I cut out a portion of the plaster covering the clamp, and removed the latter, found the extremity of

the pedicle dry and hard. The parts exposed were freely carbolized with the spray from an atomizer. Everything seems to be progressing well, without one unfavorable symptom, pulse 80, temp. 96. I removed the stitches and found the incision had healed by first intention, except at a point near the pedicle where a small pocket of pus had formed in the abdominal wall, owing no doubt to the fact of the last wire not having been sufficiently twisted. The cavity was evacuated, and orders left to carbolize it several times per day.

June 2d. I was summoned in great haste to the bedside of my patient very early this A. M. During the night she was taken with difficulty of breathing, severe palpitation, which continued for a time to an alarming degree; but finally yielded to hot applications, stimulants, etc., etc. Upon my arrival she was quite comfortable again, a peculiar nervous condition after the attack was relieved by injection of the fluid extract of valerian. Shortly after the attack the pulse went up to 130. It continued thereabouts until 8 P. M., when it fell to 96.

June 3d. Pulse is 97, temp. 95. The patient is annoyed with flatulence, I therefore ordered a mild cathartic. Four hours after there being no result, the dose was repeated; at 4 P. M., by the aid of an enema, a good dejection followed. A little languor followed the effect of the cathartic, but she soon rallied and felt much relieved, and was able to be moved from the surgical bed to an ordinary one. From this time on I visited the patient for a few moments every morning for ten days, and every other day up to the fourteenth. After this I saw her occasionally up to the middle of June.

The following is a report she sent me of her progress subsequently:—

June 5th. I began to eat and relish solid food.

9th. I was placed upon a lounge to have bed made.

10th. I began to sit up in bed, my regular nurse left.

16th. I was placed in an easy chair, and sat up nearly an hour without inconvenience.

20th. Took a few steps without assistance.

22d. Was carried down stairs and remained there an hour or two.

25th. Walked down stairs.

28th. Walked down stairs and back again.

30th. Took a few steps out of doors.

July 15th. Eight weeks after operation, rode in the cars upward of a hundred miles, could have made the journey before without the least difficulty.

NOTE.—I desire to express to Dr. H. R. Storer my sincere thanks for the numerous opportunities of witnessing his abdominal sections, which invaluable experience has been of so much benefit to me during this operation. As may be seen by the members of the Society who are familiar with his mode of operating, with a few exceptions I have followed it precisely. My sincere obligations are due to Drs. Winsor, of Winchester, Wheeler, of Chelsea, and Weston, of East Cambridge, for their most valuable aid, and to Mr. John B. Winslow, Superintendent of the Boston and Lowell R. R., for permitting trains to stop at Winchester to suit my convenience.

Last, but not least, to Miss Thesta Huston, of Chelsea, the efficient surgical nurse of my friend, Dr. Wheeler, kindly relieved by him from an important charge for my especial benefit, whose fidelity, zeal, and efficiency lightened my labors, lessened my anxiety, and whose efforts in a most unostentatious manner, greatly contributed to the happy result,—I would tender my sincere thanks, with a hearty recommendation of her invaluable services to any poor sufferer about to undergo the operation of ovariectomy.

The following table, kept by the husband and nurse, indicates the range of the pulse and temperature, during twelve days and nights. Operation May 23d.

	Pulse.	Tem.
May 24th, A. M....	90	98
" " M.....	100	99
" " 4 P. M...	90	98
" " 8 P. M...	86	98
" 25th, 4 A. M...	77	99
" " 8 A. M...	77	99
" " M.....	80	98
" " 4 P. M...	80	98
" " 8 P. M...	80	98
" " Midnight.	80	98
" 26th, 4 A. M...	75	97
" " 8 A. M...	72	97
" " M.....	80	98
" " 1 P. M...	76	—
" " 4 P. M...	88	100
" " 8 P. M...	76	99
" " Midnight.	76	98
" 27th, 4 A. M...	86	98
" " 8 A. M...	78	100
" " M.....	86	96
" " 4 P. M...	88	99
" " 8 P. M...	80	98
" " Midnight.	90	99
" 28th, 4 A. M...	92	99
" " 8 A. M...	88	98
" " M.....	84	98
" " 4 P. M...	84	97
" " 8 P. M...	86	97
" " Midnight.	84	98
" 29th, 4 A. M...	80	98
" " 8 A. M...	92	99
" " M.....	96	98
" " 8 P. M...	96	97
" " Midnight.	96	98
" 30th, 4 A. M...	95	98
" " 8 A. M...	80	98
" " M.....	90	98
" " 4 P. M...	84	96
" " 8 P. M...	84	100
" " Midnight.	80	96
" 31st, 4 A. M...	80	96
" " 8 A. M...	84	96
" " M.....	80	96
" " 4 P. M...	84	98

		Pulse	Tem.	
May 31st,	8 P. M...	80	96	
" "	Midnight.	80	96	
June 1st,	4 A. M...	80	96	
" "	8 A. M...	80	96	
" "	M.....	80	96	
" "	4 P. M...	84	98	
" "	8 P. M...	80	96	
" "	Midnight.	85	97	
" 2d,	4 A. M...	130	95	Ill turn.
" "	8 A. M...	130	99	
" "	M.....	95	96	After valerian injection.
" "	4 P. M...	100	96	
" "	8 P. M...	96	95	
" "	Midnight.	97	95	
" 3d,	4 A. M...	85	96	
" "	8 A. M...	85	98	Laxative taken.
" "	M.....	85	98	" "
" "	4 P. M...	96	98	Injection and copious dejection.
" "	Midnight.	90	96	
" 4th,	4 A. M...	100	96	After taking brandy.
" "	8 A. M...	88	96	
" "	M.....	88	96	
" "	4 P. M....	85	96	

NOTE.—“PREVENTER PINS” IN THE TREATMENT OF
THE OVARIAN PEDICLE.

I desire to offer a point, which suggested itself to me a few days after the operation, in regard to that much mooted question, *the treatment of the pedicle*. Immediately after the operation, when completely from under the influence of the anæsthetic, say from six to eight hours, patients almost invariably complain of a dragging pain in the back. This is, I think, unquestionably due to traction from the secured end of the pedicle upon the uterus. This is more particularly the case where the pedicle is very short. To remedy this, I propose the following procedure. Before the cyst is severed from its pedicle, adjust the clamp, but before screwing it up transfix the pedicle immediately below the clamp with two or three *iron* shawl pins, four inches long, slightly curved. After the clamp

is firmly adjusted and the cyst severed, protect the points of the pins and repose the clamp as usual. Should the pain above referred to persist after two days, and even earlier, the clamp is to be removed, leaving the pedicle sustained by the pins. By this process the pedicle is immediately slackened to a considerable degree. If, however, we desire to slacken still more, we have only to bend sharply the pins, and it is immediately accomplished. In case there is no occasion to slacken the pedicle, the pins can be left to remain with impunity any length of time. Another advantage I claim for the "Preventer Pins" is the early riddance of the clamp, a source of no little irritation in many cases. My friend Dr. Storer, and I believe Dr. Wheeler also, have both secondarily resorted to this means of relieving pain; its primary application appears to me to be preferable, for reasons above mentioned, and also because the danger of piercing large vessels found in the ovarian pedicle would be less, and more easily controlled, did it occur at the time of operating.

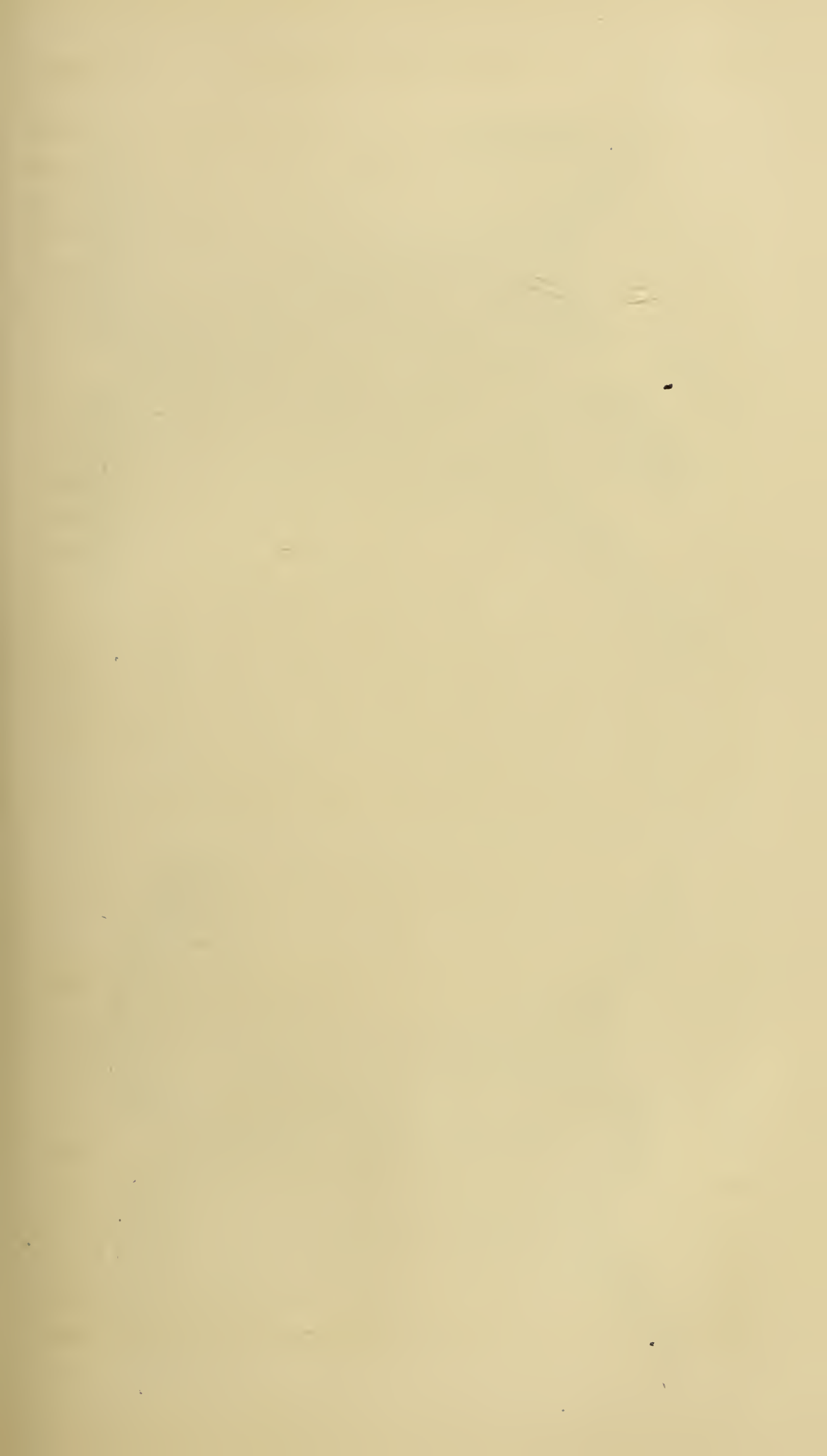
These suggestions are respectfully submitted.

A CASE OF RECTOCELE, CAUSED BY DESTRUCTION OF THE PERINÆUM AND CURED BY ITS RESTORATION.

BY JOSEPH G. PINKHAM, LYNN.

(Communicated to the Society and read June 4, 1872.)

Mrs. —, aged 33, primipara, received in July, 1870, during forceps delivery, a laceration of the perinæum, extending through the sphincter-ani, and involving the recto-vaginal septum to the extent of nearly an inch. The physicians in attendance sewed up the rent with silk thread, the only material at hand, while the patient was



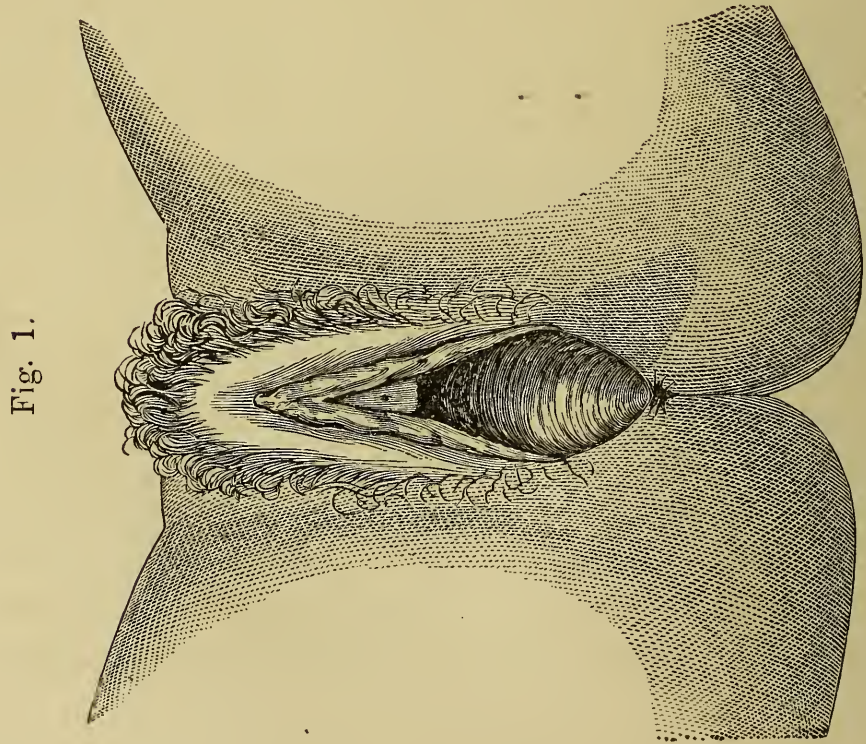
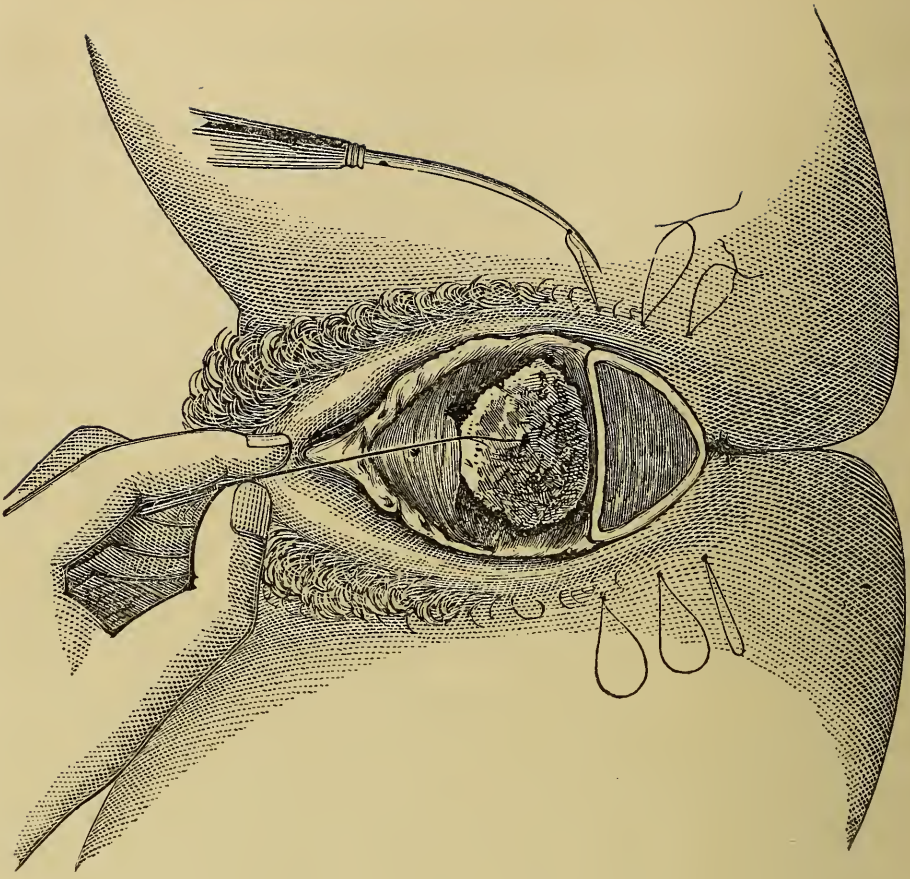


Fig. 1.

Fig. 2.



still under ether. The ordinary precautions of confining the bowels with opium, tying the knees together, drawing the urine with catheter, and syringing the vagina, were observed. The result was, that the rent in the septum united down to the verge of the anus, restoring control over the sphincter, except when the rectum was distended with flatus or the bowels relaxed. For a time the patient was quite comfortable, but after some months prolapsus of the recto-vaginal septum occurred, forming a rectocele. At times, a mass as large as a hen's egg presented at the lower portion of the vulval opening. The appearance of the parts is represented in Fig. 1 with tolerable accuracy, although the relative size of the rectocele may be somewhat exaggerated. The tumor could be pushed back by the patient, and gave little trouble when she was in a recumbent position, but on walking or standing it descended, and was often irritated and sore from friction. The uterus was prolapsed in the first degree. The patient suffered much from pain in the back, leucorrhœa, general nervousness, and depression of spirits. Her condition was bad, and threatened to become worse the longer it continued.

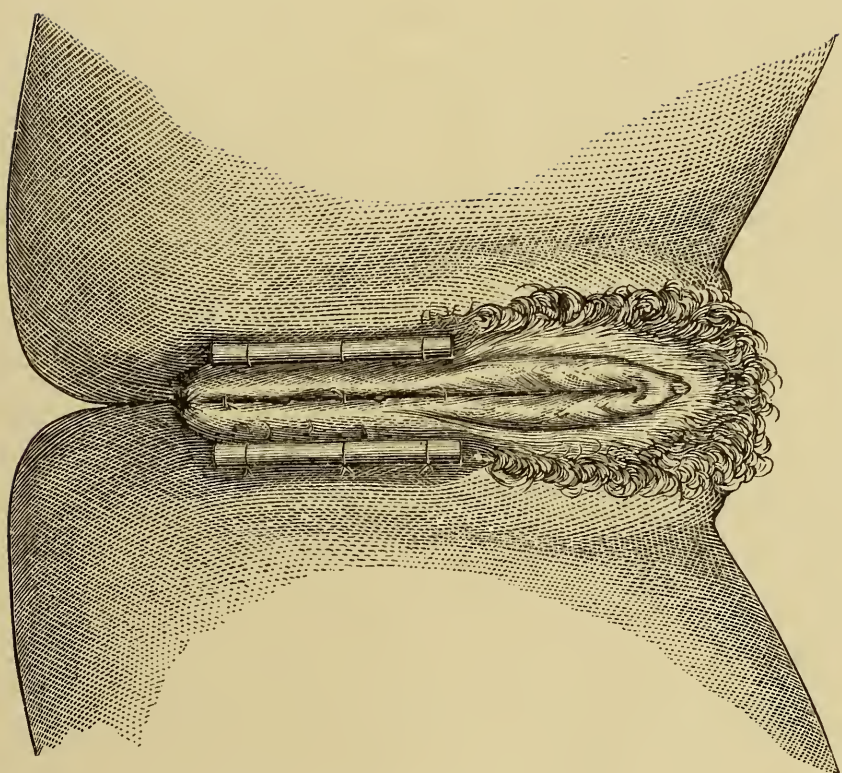
Immediately after she came under my care (in the spring of 1871), I advised an operation for restoration of the perinæum; but my advice was not accepted until other physicians had been consulted and "medical" treatment tried without avail. The time selected for the operation was a week after menstruation. Having the valuable assistance of my friend Dr. Bixby, I etherized the patient, placed her in the lithotomy position upon a table before a large window, and proceeded to operate. The rectocele was pressed back by an assistant, with a mounted sponge, as shown in Fig. 2. Making use of fine tenaculum forceps, scissors and scalpel, I denuded the cicatrized surface, carrying the line of dissection

above it, nearly straight across at the superior margin, as in the cut. The reason of this procedure will be obvious as we advance.

The left forefinger being introduced into the rectum as a guide, a large curved canulated needle was entered one inch from the lower left border of the wound, passed near the verge of the anus, through the recto-vaginal septum, and brought out at a point on the opposite side corresponding to the point of entrance. The two ends of a doubled wire were pushed into the hollow point of the needle, and thus, as the latter was withdrawn the double suture was inserted. Two more double sutures were introduced in a similar way at intervals of three-fourths of an inch above the first. Fig. 2 shows the deep sutures in place before being tightened. It will be observed that they pass entirely out of sight at the bottom of the wound. Pieces of small lead-pencil were used for quills, the elastic catheter, usually recommended, not being considered stiff enough for the purpose. Great care was taken that the sutures be drawn sufficiently tight to prevent all leakage from the vagina into the wound. This was the more difficult, from the peculiar method of passing the sutures. After examining by the vagina and making sure of complete apposition, the wires were twisted firmly over the quills and three superficial sutures of finer silver wire inserted. Fig. 3 shows the appearance of the parts after the completion of the operation.

The after treatment consisted in keeping the patient at rest, confining the bowels with opium (it acted very kindly in this instance), drawing the urine several times a day with the catheter, and syringing the vagina and vulva frequently with warm carbolized water. The flesh beneath the ends of the quills was protected by pieces of oiled rag.

Fig. 3.



On the fourteenth day after the operation, and again on the fifteenth, the rectum was evacuated by repeated enemata of warm soap-suds. On the sixteenth the sutures were all removed, the catamenia appearing on the same day in anticipation of their time. Opium was again given and the bowels kept locked until the twenty-first day, when they were moved by enemata and a laxative dose of castor oil. After this the woman was allowed her liberty. Her food throughout the whole had been of the most concentrated and nutritious kind, and she experienced but little discomfort during her confinement to the bed. Complete and firm union took place throughout the whole extent of the wound, and so far as can be judged by inspection and touch, the woman has now as good a perinæum as ever.

The points in which this method of operating differs from that of Baker Brown, Sims and others previously described, are the following:—

1. The insertion of the deep sutures beneath the denuded surface at the bottom of the wound, instead of bringing them outside, as heretofore practised. This prevents the formation of a pocket behind the new fourchette, and causes the perinæum to be triangular at median section, like the normal. With such a result labor has already repeatedly occurred without a fresh laceration.

2. The retention of the deep sutures in place until after thorough union has taken place and the bowels have been moved. In this way the danger from the first movement of the bowels is entirely avoided. The use of silver wire instead of silk or linen thread for the deep sutures allows them to be retained any desired length of time without injury.

Whatever credit may be due any one, for this method of operating, belongs to Dr. H. R. Storer and his immediate coadjutors.

CYSTITIS IN THE FEMALE.

BY ROBERT NEUMAN, OF NEW YORK, CORRESPONDING MEMBER.

(Communicated to the Society and read May 7, 1872.)

In Cystitis of the female it is an established practice to wash out the cavity of the bladder. It is done for several reasons. To relieve the painful and irritable spasmodic action of the bladder, to modify and correct the hypertrophied condition of the mucous membrane, to dissolve and wash out sediments; and in acute cases to allay the inflammation. As a *rule*, lukewarm water will answer all purposes best, but according to the nature of the solids to be dissolved and washed out, hot water and even sometimes cold water may be required.

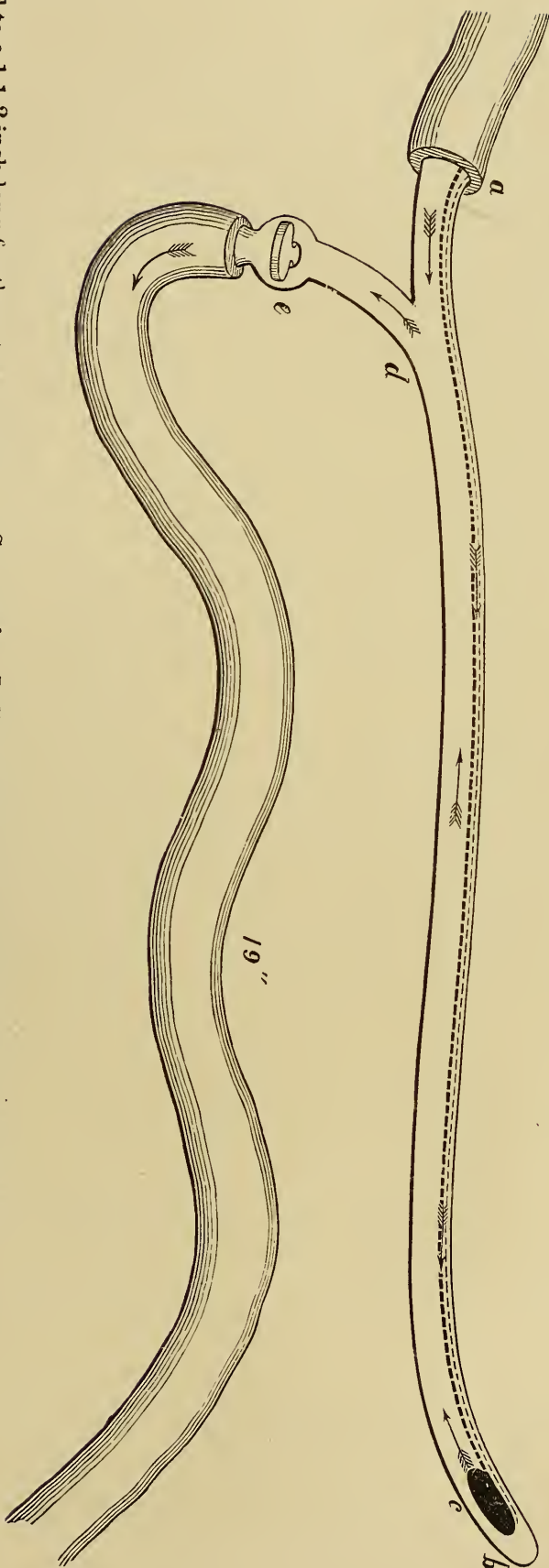
I often found another reason for injecting the bladder with water; the object of which is not to *wash out*, but to *dilate* gradually and forcibly, until spasmodic action ceases, and the bladder recovers the ability to contain its usual required quantity of urine. The simple washing out is done by a double catheter; the water is injected through one opening, and is allowed to return by a second canula lying beneath the first. Most catheters in use did not fulfil all requirements, and I had constructed an instrument, which for years past, has worked well, for washing out as well as for dilatation. It is a combination of Dr. Byrnes' female catheter with Dr. Nott's uterine injector.

The drawing annexed will best explain my double catheter.

The extra length of the instrument from *a* to *b* ten inches enables the operator to handle the catheter with more ease and delicacy, with comfort to the patient, avoiding exposure, wetting of bed-linen and clothing, forced and uncomfortable position of the patient; advan-

Gage No. 10. a to b 10."

DOUBLE CATHETER for dilatation of the female bladder. a to b catheter proper, 10 inches long. Dotted lines represents upper canula for the entrance of the water. c. large oval opening, for communication of both currents with the bladder.



d to e 1 1-2 inch long for the return current. e Stop cock. India rubber tube 19 inches long is attached at e.

tages well worth of consideration. At *a* the rubber tube is attached for the connection of the nozzle of the syringe with the catheter, through which the water passes in the upper partition of the catheter, marked—red color. The return current passes back in the larger lower part of the instrument, beginning at *c*, which is a large oval opening.

This opening is larger than usual in catheters, and shreds of epithelium, mucous, pus or sediments will readily pass, and not block up the passage, as it often does in ordinary catheters to the annoyance of the operator. At *d* the return current passes out of the catheter in an extra outlet-tube of the same metal 1, 1-2 inches long and bent downwards. At the end of this is a stop-cock *e*, the turn of which will either retain, or let out the water injected. An india rubber tube nineteen inches long is here attached, which leads the water to a vessel on the floor beneath the bed.

By injecting water into the bladder through this catheter, and then retaining it, gradually increasing the quantity, I often dilated a bladder,—which before did not tolerate a teaspoonful of urine,—to such a size, that it contained a whole pint, and the patient recovered from her troublesome and painful disease.

GYNÆCOLOGICAL SUMMARY.

BY GEORGE HOLMES BIXBY.

VII.

Selections from the transactions of the Medical and Chirurgical Society of London. Mr. T. Holmes, Surgeon of St. George's Hospital. *Lancet* for July, 1872,

ON THE SURGICAL TREATMENT OF SUPPURATING
OVARIAN CYSTS, AND ON PELVIC ADHE-
SIONS IN OVARIOTOMY.

A case was related in which chronic suppuration occurred in an ovarian tumor, after paracentesis had been performed for the first time. Ovariectomy was postponed for some months on account of the patient's condition. When it was performed the cyst was found extensively adherent in other directions, and so tightly wedged into the pelvis that it was impossible to reach its pedicle. It contained about a gallon and a half of fluid, of which about half was pure pus. The remains of the emptied cyst were dragged out of the abdomen, a clamp was applied to its neck (at a distance above the pedicle which could not be accurately ascertained), and the wound was closed. The patient recovered and after her recovery no sinus was left, nor was any tumor to be felt. The symptoms of acute and chronic suppuration in ovarian cysts were discussed, and it was attempted to be shown that if the general condition admits of it the suspicion of suppuration is a reason for performing the operation instead of delaying it. The case was also used to show that, in some instances, the results of ovariectomy may be perfectly favorable, though pelvic adhesions have prevented the complete delivery of the tumor. If the neck of the cyst admits of being embraced in a clamp, the lower portion of it may be obliterated during the healing of the wound. The superiority of this method, when feasible, to the other courses which may be pursued in dealing with pelvic adhesions, was shown.

Mr. Bryant remarked that the accurate diagnosis of a suppurating ovarian cyst was most important; that wasting, a hot skin, a permanently high temperature, bad appetite, local pain and tenderness on pressure, all

indicated suppuration. If any doubt as to the diagnosis exists, he would be still more induced to interfere quickly, to remove the cyst if possible, or to take away as much as could be removed. He quoted a case to show the desirability of not leaving ligatures, and one also that showed the useful peculiarities of catgut.

Mr. Spencer Wells thought that with care the diagnosis between a suppurating cyst and peritonitis could be ascertained without great difficulty. An elevated temperature night and morning, with or without increase of pain on pressure, were two positive signs of the presence of a suppurating cyst. And if peritonitis exist operative procedure is still more decisively indicated. A very serious case under his care, in conjunction with Drs. Farre and Watson, in which peritonitis occurred from the bursting of a cyst into the abdominal cavity, ultimately did well. He considered it undesirable to separate adhesions before tapping the cyst, that as much should be removed as possible, and that it was a good plan to leave a drainage-tube in the wound after the operation, to give free exit to the suppurative discharges.

Mr. Holmes, in replying, doubted if the diagnostic signs spoken of by Mr. Wells were positive as well as negative, because in some cases high temperature exists without suppuration, and in some cases of peritonitis the temperature has been persistently high.

In the *Lancet* for August, 1872, Dr. Lawson Tait, Surgeon to the Birmingham and Midland Hospital for women relates a

CASE OF UTERO-PERITONEAL FISTULA.

Hannah W——, aged twenty-four, was admitted as an out-patient on March 4th. She was married at eighteen, and has had five children, the last only six weeks ago. She had no assistance of any kind at her last labor; has

little recollection of it save that it lasted a very long time, and that she lost a great deal of blood. She has never since been free from loss. She presented on admission a most anæmic, worn-out, and wretched appearance. Uterus large; felt easily above the pubes; cervix spongy and easily admitted the point of the finger; cavity admitted the sound nearly six inches. Ordered three grains of the citrate of quinine and iron to be taken in a mixture thrice daily, along with a pill containing a grain of ergotin.

March 8th.—The discharge has ceased; uterine cavity still six inches, but the tumor feels less externally.

April 1st.—Uterine cavity four inches, and the tumor much diminished. Ordered five grains of the iodide and twenty of the bromide of potassium, to be taken three times daily, along with five grains of the saccharated carbonate of iron in pill.

8th.—Uterine cavity three inches; but after reaching this distance the sound slipped, without the exercise of any force, through the fundus, apparently about midway between the cornua and somewhat on the anterior aspect, and could readily be felt under the abdominal parietes. The woman is so thin that the position of the exit of the sound can readily be felt. On this day I passed the sound twice, and each time found that it only required a little manœuvring to pass it at the one spot.

On the Saturday previous (13th) I had passed the sound through the fundus in presence of my colleagues, Dr. Savage and Mr. Bracey, and on the 22d again before Mr. Creagh and Mr. Berry, satisfying them all as to the fact of the perforation, the patient never seeming in any way the worse of the operation, or to suffer any pain in its performance. She has improved in general health in a very marked degree since she has been under treatment.

On April 24th, as I wished to bring the case under the notice of the Midland Medical Society, and as it was evidently inconvenient and unadvisable to publicly exhibit such a case, I asked my friend Mr. West, the President, to verify with me in consultation the fact of the perforation of the fundus. This he kindly did, and our united representation was accepted by the Society.

Of the fact of the perforation there can be no question; it only remains to explain it. That there is a fistula I have no doubt, though it may be difficult to persuade many that such is the case. I am also under the belief that it had its origin in a rupture of the uterus during labor, remaining undiscovered until the walls of the uterus became thinned by the process of involution.

Cases of perforation of the fundus by the sound are, I am convinced, by no means so rare as one would be inclined to believe, for I have seen at least five or six, and Sir James Simpson used to speak to us of having seen many. They are very curious, and give rise to many interesting subjects for consideration. For instance, is it likely that the subject of this fistula will ever again become pregnant? I see no reason why she should not, and I believe the fistula will remain patent until she does. Her case is also one of the many lessons leading us to be less afraid of the peritoneal cavity than surgeons, from the old traditions, usually are; and if my view of its origin is correct, it is an additional instance of recovery from rupture of the uterus.

In the *American Journal of Obstetrics*, May, 1872, Dr. A. D. Rockwell, M. D., of New York, has a paper on

FARADIZATION AND GALVANIZATION, IN THE TREATMENT OF AMENORRHŒA.

The utility of some form of electrization in the treat-

ment of amenorrhœa has long been recognized by the profession. This recognition, however, is decidedly vague and indefinite, and the use of electricity by the general practitioner in obstinate suppression or retention of the menses is exceptional.

I transcribe from my clinical note-book a few such cases, in order that renewed attention may be called to a method of treatment that I conceive to be all-important.

There is no stereotyped form of application that will answer in every case, neither can we expect to be uniformly successful; but I feel assured, from a somewhat extended experience, that a judicious use of the different currents and the recognized methods of applying them will yield results far surpassing the general belief.

The principal methods of application are:

- 1st. General Faradization.
- 2d. Localized Faradization (external).
- 3d. Localized Faradization (internal).
- 4th. Central galvanization.
- 5th. Peripheral galvanization (external or internal).

The first method (general Faradization*) is indicated in those conditions of debility where a general and powerful tonic influence is called for. The treatment is, as a rule, not disagreeable to the patient if carried out with the requisite care, and its secondary effects are sometimes marvellous.

Amenorrhœa of four years' standing, associated with slight Anasarca and marked Obesity—Menses restored and other symptoms relieved by general Faradization.

CASE II.—Miss H., 25 years old, was directed to me by Dr. T. Cock, of New York.

* For a complete exposition of general electrization, its modus operandi, rationale, and effects, the reader is referred to Beard and Rockwell's work on "Medical and Surgical Electricity."

For four years the patient had menstruated sometimes three times, sometimes but twice a year. She had increased enormously in size, her weight being 180 pounds, and there was some effusion of the legs and feet, as manifested by the indentation remaining after pressure with the finger. The patient was very plethoric, and suffered much from fulness and oppression about the head. It is proper to remark that Dr. Cock, before submitting the case to electrization at my hands, had for sometime faithfully made use of the internal remedies that seemed most suited to it. The patient was annoyed by cold feet and hands and by sudden flushes of heat. As in my experience general Faradization has been more successful in equalizing the circulation than any other form of electrization, I determined to employ this method. In this as in the former case, extreme susceptibility to the current was manifested, but depended more on an excited mental condition than on any real sensitiveness of the nervous system.

The patient was under treatment from March 20, 1871, to May 25, 1871, and received twenty applications. After the fifth séance the courses appeared and lasted two days. After the proper time during the course of treatment they reappeared and lasted some four days. The patient presented herself a few months after the cessation of the séances, and reported that not only the menstrual function continued to act regularly, but that she remained permanently better in every respect. The tendency to flushes of heat disappeared after the first menstruation, her extremities became warmer, and after the second menstruation she was entirely relieved of the watery effusion in the legs and feet.

An interesting but not altogether unusual result of the treatment was a marked decrease in flesh. During the administration of the first ten applications she lost some

twenty pounds, and after the séances were discontinued she submitted to the Banting system, and was rewarded by a still further decrease in weight.

Amenorrhœa of a year's standing, associated with Vertigo and Debility—Recovery under general Faradization.

CASE III.—Miss E. S., a school-girl aged 18, a patient of Dr. Nuby, was suffering from suppression that had existed a year. The resulting symptoms were periodical attacks of distressing vertigo, and a condition of nervous exhaustion that unfitted her for the slightest mental or physical exertion. The Faradaic current was alone used, and, as in the two preceding cases, the applications were quite general. The menses reappeared after the twelfth séance, resulting in approximate relief of the vertigo, and a decided increase of nervous strength.

At the present time—six months since the function was restored—she continues regular.

Faradization localized externally is as a rule but slightly efficacious in the disease under consideration. The electro-muscular contractility of the abdominal muscles is so great that a current of but little tension can be used, and neither by reflex nor direct action can the great sympathetic in this way be decidedly influenced.

Faradization localized internally, however, is a very effective method of treatment, and frequently succeeds when general electrization seems to be entirely inoperative.

Formerly I was accustomed to use, for applications directly to the os, a metal ball the size of a large marble and neatly covered by chamois skin. This was mounted on a long insulated stem, and could be readily introduced. The chamois covering was used to render the current less painful, but lately I have discarded it. The application

of electricity to the skin through metal electrodes is extremely irritating; but all mucous membranes, especially that of the os uteri, vagina, and rectum, are remarkably insusceptible to currents of ordinary tension, and bear metal electrodes as well as those of cloth or sponge.

Better than the round ball is a cup-shaped metallic extremity, into which the os can be made to fit very snugly.

I find that, by this form of electrode, the uterus can be more thoroughly and powerfully electrized than in any other way. I have seen amenorrhœa yield to the application of either pole internally, but the cathode is without doubt to be preferred. It is possible that the ascending currents, since its effects are more irritating than the descending, might in certain conditions prove most serviceable. The recomposition of the current at the negative pole or cathode is, however, far more powerfully manifest than at the positive pole or anode, consequently the uterine tissues are most decidedly influenced when the cathode is applied directly to the parts, and, practically, I am confident that it yields the best results.

CASES OF OVARIOTOMY.

By Washington L. Atlee, M. D., of Philadelphia. Reported by J. E. Mears M. D., of Philadelphia, *American Journal of Medical Sciences*, July, 1872.

CASE 232. *Multilocular Ovarian Tumor; Extensive Parietal, Omental, and Vesical Adhesions; Incision six Inches in Length; Recovery.*—November 22, 1870, Miss J. M., of New Alexandria, Westmoreland County, Pennsylvania, consulted Dr. Atlee by the advice of her physician, Dr. John Semple. She was 25 years old, and first menstruated at the age of fifteen. For the first few years the menses were irregular, occurring at intervals of two and three months. They were painful. Afterwards

they became more regular, and continued so until September, 1869, when they recurred every other week, gradually diminishing in quantity, until February, 1870, after which they were entirely suspended. There had been no difficulty in urination, and the bowels were regular.

In March, 1868, she received a very severe injury which confined her to bed for a week with very severe pain in the right side and back. This was followed by intense pain in the right side for a week before each menstrual period, causing her to go to bed.

About March, 1869, she noticed a swelling at the umbilicus and a tumor to the left of it. She consulted Dr. Semple, who tapped her six times from the 7th of June, 1870, to the 9th of November, 1870, removing a bucketful of fluid each time. The fluids were transparent, the first of a dark green color, the last straw-colored. Tapping did not greatly diminish the size of the abdomen. Her former weight was 170 pounds.

Emaciation was marked; the abdomen much larger than a woman's at full period of gestation; symmetrical in shape. Fluctuation indistinct and localized—the mass evidently consisting of many cysts. Pelvis free, uterus central, and the os and cervix small. The sound would not enter. The body of the uterus was not clearly defined, but seemed to be movable.

November 26, 1870, the tumor was removed in the presence of Drs. Burpee, Drysdale, Mears of Philadelphia, and others.

An incision six inches in length was made, opening the abdominal cavity. The extensive parietal, omental and vesical adhesions were separated by the fingers, the tumor lifted out of the cavity, and the clamp applied to the pedicle, which was thin, about five inches long, and twisted.

The tumor was multilocular, and consisted of the right ovary. The weight, including contents, between 60 and 70 pounds. The left ovary and uterus were healthy.

Patient recovered well, and is now in the enjoyment of perfect health.

CASE 233. *Multilocular Ovarian Tumor; no Adhesions; Incision four inches in length; a previous Urachus existing in the Abdominal Wall; Recovery.*—June 8, 1870, Miss A. H., of Altoona, Pa., consulted Dr. Atlee. She was 17 years old, first menstruated at the age of 12, and continued to be regular until March, 1869, when she took cold, and became irregular afterwards. The enlargement of the abdomen commenced with the irregularity of the menses, but was accompanied by pain, and developed itself in a general swelling of the abdomen. Latterly she suffered some uneasiness in the right inguinal region. She was considerably emaciated. The abdomen was as large as a woman's at full period of pregnancy, and symmetrical in shape. There was dulness on percussion everywhere, except in the left lumbar region; pelvis free; uterus central; the sound entered $2\frac{1}{2}$ inches. All the characteristic signs of a multilocular ovarian tumor were present. The patient's general health much the same, but the emaciation had progressed, and the abdomen had increased in size.

Diagnosis.—Multilocular tumor of the right ovary.

March 8, 1871, Dr. Atlee removed the tumor. Drs. Fay, Gemmill, senior and junior, of Altoona, King and Benham, of Pittsburg, and others were present. An incision, three inches long, was made in the linea alba midway between the umbilicus and pubes, and the tumor, which was free from adhesions, was readily removed.

It was multilocular, and consisted of the right ovary, had a very thick cyst-wall, and weighed 25 pounds. The patient recovered.

Remarks by Dr. Atlee.—In this case I found *before* penetrating the peritoneum, and immediately on dividing the muscular wall, a small cyst which contained about an ounce of yellowish fluid. Six days after the operation, when the use of the catheter was omitted, the dressings became saturated with a thin fluid, which exuded from the wound between the sutures. This was found to be urine. On employing the catheter again this discharge ceased and the wound finally healed. Now as the bladder occupied its normal position in the pelvis, whence came this urine? The only answer that I can give is that, considering the extra-peritoneal and elevated locality of this urinary cyst, it was a purse in a dilated urachus, which, although closed at the umbilicus, had from within maintained a communication with the bladder.

CASE 234. *Multilocular Ovarian Tumor; no Adhesions; Incision three inches long; Recovery.*—March 22, 1871, Mrs. A. H. G., of Winchester, Va., consulted Dr. Atlee. She was sixty-one years old; first menstruated at the age of fifteen, always regular, and married in her twentieth year. She had ten children and several “false conceptions.” The youngest child was born in the forty-fifth year of her age. Her parturitions were easy and recoveries good; lactation free; nursed her children eighteen months, and did not menstruate while nursing. At the age of forty-eight the menses ceased. She always enjoyed good health.

About three years ago she was seized with severe pain in the right inguinal region and right hip, and one year afterwards her friends first noticed an enlargement over

the whole lower portion of the abdomen. She had a similar attack of pain, lasting two hours, in February, 1871.

Abdomen as large as that of a woman's at the full period of pregnancy ; pretty uniform in shape ; relaxed, and had not the usual tension of ovarian dropsy. It was elastic, free from nodules and ridges, and had the most resistance in the left side. The percussion sound was resonant in the epigastric, right hypochondriac, and right lumbar regions. General fluctuation obscure ; local fluctuation distinct ; indicating two large cysts. On contracting the abdominal muscles, an oval protrusion in the umbilical region was noticed. The pelvis was free, the uterus was central and movable, and the sound entered two and a half inches.

Diagnosis.—The physical signs indicate a tumor of the *left* ovary, but the history of the case points to the *right* ovary.

March 27, 1871, Dr. Atlee operated, assisted by Drs. Burpee, Drysdale, Mears and others.

The tumor consisted of the *right* ovary, was formed of two large cysts, with a small multilocular mass attached to the septum. It weighed twenty pounds. Patient made a rapid recovery.

CASE 235. *Multilocular Ovarian Tumor ; Extensive Adhesions ; Incision eight inches in length ; Weight of Tumor one hundred and twenty-eight pounds ; Death on the fourth day.*—May 27, 1871, while at Waterloo, Iowa, Dr. Atlee's attention was called by Dr. A. Middleditch to Mrs. J. S., thirty-nine years old. Menstruation commenced at an early age ; married at nineteen, had nine children, the youngest then being four years old. She suffered a good deal in her last gestation and parturition. She first noticed a tumor in the left side. It was quite movable, rolling from side to side. Its growth has been

mainly during the last two years. Dr. M. has had her under his professional care, and has attended her through several attacks of peritonitis.

The abdomen was enormously enlarged, measuring round the waist 36 inches, round the umbilicus 62 inches, from sternum to umbilicus $18\frac{1}{2}$ inches, from sternum to pubes 40 inches, and between the superior spinous processes of the ilia 42 inches. When supported in a chair, the abdomen projected to her knees, fell down between the thighs, and rested on the chair below. The lower portion very œdematous. The only resonant points on percussion were in the left border of the chest. Fluctuation distinct in the upper part of the abdomen; lower extremities very œdematous. Emaciation extreme. Pulse 108-12, very feeble.

Uterus elevated; os behind the symphysis pubis, and the sound entered three and a half inches. The pelvis filled by an elastic mass; vagina inverted and somewhat protruding.

Diagnosis.—Multilocular ovarian tumor.

Prognosis.—Unfavorable.

May 28. Ovariectomy was performed, the following gentlemen being present and assisting: Drs. Middleditch, Barber, Lichty, Knox, Eddy, D. F. Crouse, and D. W. Crouse.

After removal of the tumor the abdominal wall was in such great excess that it hung down to the middle of the thighs, and had to be supported on a small pillow. The whole of the wound was below the pubes, and the clamp lay in its upper part, the sutures being below instead of above the clamp.

The tumor was the right ovary, and consisted of one large cyst and a large multilocular mass. Its weight, as reported by the physicians present, who weighed it, with

the contents, was 128 pounds. The patient died of exhaustion on the fourth day.

Remarks by Dr. Atlee.—The foregoing case belongs to the second class, when death is impending, and in which an operation offers the only chance of life, while at the same time it lessens suffering, scarcely abbreviating the duration of existence, and may prolong it, even though it cannot save it.

CASE 236. *Multilocular Ovarian Tumor; Extensive Adhesions; Tapped fourteen times; Incision six inches in length; Weight of Tumor ninety pounds; Death on the fourth day.*—June 1, 1871, Dr. Atlee visited Mrs. M. W. at Oakland, near Pittsburg, a widow, forty-seven years old; married before the commencement of menstruation, which occurred at the age of seventeen, and always was regular. She had four children, the youngest being twenty years old. Parturitions were not accompanied by unusual difficulties; lactation free; nursed her children two years, and the menses recurred one year after child-birth. After her first parturition she had an attack of phlegmasia dolens in the left leg, which continued to be affected, more or less, ever after. Menses regular until the summer of 1869, and continued to return every two or three weeks, lasting eight or ten days, until June, 1870, after which they entirely ceased.

Tumor first noticed July, 1868, and, as she thinks, in the right side. It had a flat or compressed form, and was quite movable, falling from side to side. It has gradually increased ever since. She was first tapped by Dr. Gilmore, November 7, 1869, removing two bucketfuls of fluid resembling soft soap. It was stringy, and by heat coagulated like the white of egg. Afterwards she was tapped thirteen times, the last time on the 20th of May last. There is a sense of obstruction in urination and defecation. Emaciation is very great.

Abdomen of the patient very large, although tapped so recently; tolerably tense and elastic, particularly in the superior portions. Resonant on percussion only in the left hypochondrium. Fluctuation is distinct throughout the upper part of the abdomen, and indistinct below. Here and there nodules can be detected, particularly in the left side. The lower part of the abdominal wall, and the lower extremities are very œdematous. The uterus is elevated and immovable. The sound enters $2\frac{1}{2}$ inches with difficulty.

Diagnosis.—Multilocular ovarian Tumor.

Prognosis.—Unfavorable.

June 2, Dr. Atlee operated, assisted by Drs. Gilmore, Pollock, King, and others.

The tumor was multilocular, consisting of one large cyst, and a large multilocular mass. It was the right ovary, and weighed ninety pounds.

The patient died on the morning of June 5. Twelve hours after, a post-mortem examination was made, of which Dr. W. L. Foster writes: "Abdomen distended with gas; wound in good condition, externally healed down to the pedicle; peritoneal surface firmly agglutinated; no hemorrhage except a little oozing from posterior surface of womb; ligatures all intact; deposits of lymph over peritoneal surface wherever injured. Left ovary in place modified, having a pancreatic appearance. Right kidney enlarged and softened; left in healthy condition; liver small."

Remarks by Dr. Atlee.—The above case also properly belongs to the 2d class. The immense size of the tumor, the exhausting tappings, the numerous vascular adhesions, and the emaciation, properly place it in this position.

(To be Continued.)

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SEPTEMBER, 1872.

[No. 3.

PROCEEDINGS OF THE SOCIETY.

[Reported by Horatio R. Storer, Secretary.]

SEVENTY-FIRST REGULAR MEETING, FEBRUARY 20, 1872.

The seventy-first regular meeting of the Society was held at Hotel Pelham on February 20, 1872,—the President in the chair. Present, Drs. Lewis, Warner, Wheeler, Bixby, Hazelton, Greeley, Weston, Blake and H. R. Storer; and by invitation, Drs. Frank E. Bundy and P. C. H. Rooney of Boston.

The records of the last meeting were read and accepted. The Secretary read letters in acknowledgment of their election to Corresponding Memberships from Prof. Schröder of Erlangen and Victor Hüter of Marburg and Dr. Frank A. Ramsey of Knoxville, Tennessee.

The following donations to the library were announced: from Prof. Gustav August Braun of Vienna, the second edition of his compendium of the diseases of women, and from Prof. Karl Schröder of Erlangen, his manual of midwifery, also the second edition.

A letter was read from Dr. F. E. Bundy of Boston, desiring nomination as a candidate for active membership.

The Secretary announced the decease of Prof. Charles A. Lee of Peekskill, N. Y., an Honorary Member.

Dr. Blake exhibited the pelvic viscera of the case of

PELVI-ABDOMINAL MALIGNANT DISEASE,

whose history previous to exploratory section by Dr. Storer had been reported at some length at the last meeting of the Society by Dr. Warner and himself. She had been much relieved by the withdrawal of the large quantity of serum contained in the abdomen at the time of the section. The wound made by the operation healed kindly and perfectly, and she had survived for between three and four weeks. There had been great difficulty in removing the parts now exhibited, on account of the extension in every direction of the malignant deposit. It would be perceived that the tissues of the uterus were all comparatively healthy, and the organ itself seemed like an island in the midst of a cancerous sea. The following are the notes of the autopsy, which was made at St. Elizabeth Hospital eighteen hours after death by Messrs. Wing and Baker, house students at the City Hospital.

Body considerably emaciated, discoloration, probably the result of counter-irritants on lower abdomen. A small scar, the result of exploratory incision, about two inches below umbilicus.

Abdomen. Universal adhesion of a very firm character, gluing viscera together, and rendering a careful examination of different parts very difficult.

Omentum one mass of cancer and firmly attached to small intestine. Large masses of cancerous material found along the vertebra and scattered throughout abdominal cavity.

A large cancerous nodule found in right lobe of liver. None in spleen, kidneys or stomach. Lungs and heart not examined.

Pelvic viscera glued together in a similar manner to abdominal ditto, also firmly attached to the walls of the pelvis.

Dr. Warner exhibited a

CERVICAL POLYPUS,

the size of a chestnut, interesting from its history. The patient who was still under his charge at the St. Elizabeth Hospital, had been flowing for many years, and had been distressed by what she described as a burning sensation in the uterine region. Upon examination he had found the specimen now exhibited protruding from within the os, and it had been removed by Dr. Storer. The patient reported herself as having been four months previously examined by Dr. Blake, but it was probable at that time the polypus had not descended sufficiently to be detected by the unaided touch.

Dr. Blake stated that he remembered the patient, and detected nothing of the kind at the time of his examination.

Dr. Wheeler exhibited another similar specimen, somewhat larger, which he had removed that afternoon. The patient was near the climacteric, and had been flooding for the last year with much pain. Suspecting the true character of the case he had dilated the cervix by tents, and had found the polypus attached about two-thirds the way up, and had removed it by torsion. He had at first tried wire within a canula, but the wire had broken, and he had been forced to employ forceps.

Dr. Storer presented a communication from his father, Prof. D. Humphrey Storer, entitled

TWO FREQUENT CAUSES OF UTERINE DISEASE.

[Prof. Storer's communication was published in this Journal for March, 1872.]

Dr. H. R. Storer stated the circumstances under which his father's paper had been written (in 1855,) and those under which its publication had been suppressed.*

He himself had always regretted that the "injudicious" counsel had been followed. So far from the publication having been likely to have injured the interest of the Harvard Medical School, it was well known that the school had been very nearly ruined by just such a timid, vacillating no-policy, of whose fear of taking a manly stand, even upon purely scientific matters, the present was one among many proofs. He regretted the long suppression of the paper all the more, in that the suggestions made therein by his father, though read only at the college commencement, had been seized upon with avidity by members of the profession, to whom much unwarranted credit had been given. In his own publication upon the detrimental physical effects of abortion and incomplete intercourse, he had repeatedly made mention of this fact.

Dr. Blake expressed great satisfaction that the elder Dr. Storer's suppressed paper was at last to be given to the profession to whom it had rightfully belonged seventeen years before. The subjects that it treated were of very great importance, and Dr. Storer should have at least received the credit that rightfully belonged to him of having suggested new and very decided causes of serious uterine disease.

The Secretary read the following communication from Dr. Frank A. Ramsey of Knoxville, Tenn., upon

*See this Journal, March, 1872.

ERRORS IN GYNÆCOLOGICAL DIAGNOSIS AND THERAPEUSIS, EVEN BY EXPERTS.

“A very few years after my induction into the doctorate, I was, fortuitously, forced to give to the accidents and diseases of females more of my time and ability than to any other department of medicine ;—and though I have contributed nothing to the literature or practical records, I have been a diligent student of Gynæcology. If I have made any achievement at all in the practice of medicine, it has been done in ameliorating the condition of very many, and essentially contributing to the restoration of perfect health of a few women.

“In the circumstances that beset my mind, and made me give attention to female troubles and their relief, I learned a lesson that has stood me in good stead, and made me labor to prevent myself ever being the slave of one idea. Two ladies, unacquainted, visited Knoxville, at the same time, with an identical purpose. One had been for six months at one time, and three months at another time, in Philadelphia, under the care of the eminently capable Hodge. Of course she had been treated for a displacement, and with a pessary. The other had been in Philadelphia for four months under the administration of the versatile, kind and skilful Meigs. Of course she had been treated with nitrate of silver. Both had left the city in better health than when they entered it ;—but both grew worse after returning to their homes ; and pecuniary condition did not permit their returning to the northern city. I was at the time almost beardless, but had character for energy in acquiring, and these females placed themselves under my care, without any doubt of my bestowing effort to learn all I could for their benefit. I examined

them together. In the one who had been Meig's patient I encountered the heavy enlarged neck of the womb almost before the first joint of my finger was lost within the os externum. There was redness, but no ulceration, no granulation. In the other, who had been Hodge's patient, I experienced a little difficulty in reaching the neck of the womb, so deep down in the sacrum it was that I had to press considerably on the perineum to reach it. I introduced a speculum, and exposed a gaping mouth of the womb, filled with a tenacious matter, and the surface of the neck, and as far in as I could see, deep, deep red points, moist, and of different sizes. I was disappointed, for in the one that I expected to find ulceration, I found displacement, and in the one that I expected to find displacement I found ulceration. In expressing myself to them, in the presence of their friends, I said, 'I cannot tell now, after more than six months, what your conditions were when you were treated, but if you go back to Philadelphia you must change doctors.' I used nitrate silver in one case; and applied Mrs. Jane Bett's supporter in the other case, instructing her how to exercise the muscles of her abdomen, which she practised until she had as much control as over any muscle that she used at will,—and both cases recovered. I may be mistaken, but the circumstances as I have related, made me conclude that even a great many could err in forcing an idea where fact did not place it, and that the teachings of both Meigs and Hodge were necessary to be remembered by men of lesser weight in their examination of a patient."

PHYSICAL EXERCISE IN THE TREATMENT OF INVALID WOMEN.

Dr. Ramsey goes on to say, "In this connection I will urge upon the members of the Society the very great

advantage there is possessed by all females who have been instructed to develop the abdominal muscles by use. In very many hundred females that have passed under my professional observation during the past thirty years, I have had no difficulty in destroying all the inconveniences of ordinary displacements, by the development of the muscles of the abdominal walls, and all muscles that could be, by voluntary use, that have any connection with the sexual organs."

Dr. Storer remarked, with reference to the last of the points made by Dr. Ramsey, that the question was one of much practical importance, and he was glad to have it thus brought before the Society. He did not himself believe that active or passive exercise of any muscles, or systems of muscles, could of itself cure displacements or other forms of uterine disease, as had been claimed by some, though indirectly, by improving the general bodily condition, it might effect a great deal of good.

Dr. Hazelton was of the same opinion, where, however, any muscles had long been disused, or injuriously effected by long continued pressure as by corsets, or otherwise ill-adjusted clothing, local exercise might be of benefit.

Dr. Blake stated that the abdominal muscles could not easily be developed by the ordinary methods of exercise. This being the case, he did not see how it could produce any special curative effect. It was possible, however, that Dr. Winship, who was such an advocate of physical exercise, might have some theory that would fit the case.

Dr. Hazelton said that the ordinary forms of exercise that were most efficacious in developing the abdominal muscles were of quite a violent character, such as pulling in a boat, sawing wood, and the like. Dr. Blake thought that these were certainly not such as one would advise for invalid females.

Dr. Storer had waited to see if other members of the

Society had made this subject a matter of special study, as he himself had done of late. For several years he had heard a good deal about local exercise as practised by the Taylors of New York, lifting cures, etc., etc., but he had been prejudiced against everything of the kind on common sense grounds, as he had supposed, and had never investigated the matter personally until within the last four months. Being anxious about the health of one of his own children, he had visited *incognito* Mr. Butler of this city, who has been identified with the "lifting" method of treatment since its outset, and had carefully examined into the whole subject. Finding to his surprise that it was not claimed to be a panacea, and that great care seemed to be taken to prevent over-straining or other injury, and receiving the independent favorable testimony of many dyspeptics and other invalids, male as well as female, who were in the habit of employing the method, he had himself been personally testing the method since 1st of October, by a daily lift, and was satisfied that it was well worthy the attention of intelligent medical men. He was satisfied that his own general health had materially improved. At his suggestion Dr. Warner had also entered himself as a patient, and he, Dr. S., thought, with benefit. In the case of invalid women with pelvic affections, it was difficult, as he had previously stated, to see how displacements for instance could be directly rectified, or adhesions obliterated, merely by muscular exercise, but if the effect were sought merely secondarily, then it was easily enough to understand that a general increase of the whole body might be accomplished or followed by the restoration of diseased tissues to health and the absorption of morbid deposits whether these were the so-called proliferated connective tissues of an hypertrophied uterus, or merely of lymph external to it.

Dr. Blake thought it necessary that such increased

innervation must be granted to have occurred, provided the local improvements to which Dr. Storer had referred did even take place as the result merely of systematic muscular exercise. He was very glad to have heard the subject thus discussed, the more so since Dr. Storer's experience corroborated that of others of his medical friends who had stated their own personal trials of the Butler lift at a meeting of the Society for Medical Observation, held last evening. One of the points then made was that it was found to benefit cases of very obstinate insonomia.

Dr. Hazelton had found that prolonged boat exercise had, in his own case, produced refreshing and healthy sleep. He was satisfied that invalid women were far too prone to avoid exercise in the open air. As a rule, women, and men too, as far as that is concerned, take far too little muscular exercise. He looked upon horse-cars and the other locomotory comforts of city life, to a certain extent and in the matter of health, as a curse.

Dr. Storer stated that not merely was the health-lift provocative of better rest at night, it seemed often to prevent nervous headaches, where that tendency existed, and it was claimed that when such a headache was present it might be cut short by heavier lifting than usual. He had made several experiments upon himself with reference to this, and was inclined to think the statement true. The theory of the lift was that under its influence the circulation was equalized. Congestions external and internal were, to a certain extent, supposed counteracted, and the activity of the capillaries increased. When in the act of lifting, the spinal column being straightened as much as possible, the pelvis was forced upward, and the clavicles and scapulæ proportionately made to descend with the effect it would seem of a crowding together, however trivial, of the intervertebral substance, and a corresponding momentary compression, and therefore excitation of the spinal cord.

Dr. Greeley had seen patients whom he considered to have been decidedly benefited by the lift. It was an excellent method of getting a good deal of tonic exercise with a very little labor or fatigue.

Dr. Warner stated that his own experience with the lift had been referred to. It had been as yet but of short duration, but yet seemed sufficiently positive. He had been for many months getting cardiac symptoms, precordial distress, and intermitting pulse, etc., which though he had believed them functional, and the effect of over work, had yet caused him a good deal of anxiety. When he commenced the lift, but two or three weeks since, his pulse did not give more than three consecutive beats; yesterday, after lifting, it gave one hundred and twenty before the intermission. He had in former years smoked somewhat, but now very sparingly. He had not yet taken an opportunity of studying the effect of the lift upon other cases, but he frequently met one patient who had been epileptic, having the attacks once or twice each month, who had now been lifting some four years, and had never had a fit since the first three months.

Dr. Bixby had been much interested in the views of the Drs. Taylor of New York, to which Dr. Storer had referred, at the time of their first publication; and had been particularly struck by a remark concerning that class of cases where patients profess an inability to stand, and pass their time in a recumbent position. There were cases much more serious than these, where the symptoms were not perceived. Where it was present, it was often not a habit, but an actual loss of power over particular muscles, to be regained only by local exercise.

Dr. Warner had frequently noticed the class of cases described by Dr. Bixby. There was always a tendency to abstain from assuming the erect position, and a tendency to lift the feet upon a lounge or chair. He thought,

however, it was generally owing to simple debility, and to be remedied by any exercise that would strengthen the general muscular system. These patients found it especially hard to go up stairs as compared with walking upon a level surface. The tendency to lift the limbs to the horizontal position was often combatted by the patients themselves but in vain.

Dr. Blake reported two cases of

FLOODING FROM RETENTION OF THE PLACENTA.

One of these patients had been attended by a homœopath who thought that he had completed the labor. There had, however, been a poor getting up, and in six weeks violent flooding with syncope; to such an extent that the patient had been supposed to be dead. Upon examination, he had found what he supposed a polypus emerging from the os uteri. There seemed to be a pedicle, which he ruptured, but it was merely an adhesion. The mass proved to be a putrid placenta. It was removed and the patient recovered.

The other instance occurred in the practice of an intelligent midwife. Four weeks after confinement flooding occurred, and Dr. B. found a placental mass, one and a half inches in diameter, just within the os. This he hooked out with his finger.

Dr. Blake insisted that ordinarily, physicians were not half careful enough in the conduct of the closing stages of labor, and that in every instance the placenta ought to be found and carefully examined to see that no portion of it remained undelivered.

Dr. Warner reported a case in point. A patient who had for many years been sterile was treated by him with the acid nitrate of mercury and became pregnant. She was delivered by her family attendant of a fine boy a

year since. Three months since she came to consult him with profuse menorrhagia which had occurred to a greater or less degree ever since her labor. He found the os patulous and sub-involution. Dr. Storer dilated with tents and found a space of slight projection from the uterine wall near the fundus, which he scraped by the curette. He believed that the portions removed had been found by Dr. Bixby under the microscope, to be placental in character.

Dr. Bixby stated that he was not quite certain upon the point. Fragments of the mass that he had examined with Dr. Storer had seemed unequivocally placental, but upon subsequently looking at them with Dr. Fitz, the question had arisen whether they might not have been polypoid. They were clearly something more than roughened or hypertrophied mucous membrane.

Dr. Storer would call the attention of the Society to a condition which he thought not uncommon but which he did not think had as yet been appreciated by gynæcologists; namely, a failure of the wound caused by the detachment of the placenta to become perfectly healed, with the effect of such subsequent symptoms, sometimes very dangerous, as might a priori have been expected. In conversation with Dr. Bixby upon this lesion, that gentleman had suggested the name

CHRONIC UTERO-PLACENTAL ULCER,

as not an inappropriate one. It would probably be found that many hitherto very doubtful cases were thus to be explained.

Dr. Warner wished to condemn the

POORLY CONSTRUCTED SPONGE TENTS

with which the market seemed now to be flooded. His attention had been called to the comparatively worthless-

ness of those now obtainable here, and he had carefully examined after their dilations, the tents employed by Dr. Storer in several cases during the past week; and in every instance instead of being made of the best, the tents seemed to have been constructed of refuse sponge. They were shapeless, coarse and ragged.

Dr. Storer remarked that Messrs. Codman & Shurtleff, and Leach & Greene would feel badly upon hearing these comments, for the specimens referred to by Dr. Warner had been procured of both these firms, and as he had said, there had been little choice between them.

Dr. Blake considered it very wrong in so important a matter as uterine dilation, not to properly select and shape the sponge employed for tents.

Dr. Greeley desired to know whether equal carelessness had yet crept into the manufacture of sea-tangle.

Dr. Storer replied that he was sorry to have to state that it was the case. At a former meeting of the Society,* he had referred to several of the objectionable features of sea-tangle, its unequal expansion, etc., even when the tents were well made and of the best material. He had lately found, upon examining expanded specimens after their withdrawal from the uterus, that while the hollow ones were generally in better condition, some of the solid ones were made from very irregular laminaria stems, and that others had been constructed of two longitudinal bits, pegged together. These had been placed in the turning lathe, as is ordinarily done, and their imperfections thus shaved down and concealed, but they became evident enough when used. Their expansion was necessarily very imperfect and irregular and such tents were to be condemned.

Dr. Rooney reported a case of

* See this Journal, p. 358, Vol. III., 1870.

ATTEMPT TO PRODUCE CRIMINAL ABORTION BY SEATANGLE TENTS,

to which he had lately been called. The tent had been employed by a homœopath who had thus eight times attempted to produce the abortion upon the patient, twice under ether, but without avail. The tent now exhibited Dr. R. had found in the cul-de-sac of the vagina, it apparently not having entered the cervix-uteri. The patient had subsequently visited Concord, N. H., there been operated upon, and had barely escaped with her life. Dr. R. had been in practice for many years, but had seen and known of more criminal abortions and attempts at criminal abortion since he removed to Boston a year since, than in all his life before.

Dr. Storer reminded the Society that though the American Medical Society had repeatedly urged upon the several States careful revision of the statutes concerning this crime* and though the Suffolk District Society had decided several years since that such ought to be done in Massachusetts,† yet that a Committee, appointed by the Councillors of the State Society, of which Dr. Jacob Bigelow was chairman, had reported that the laws of the State were sufficient to prevent the crime, provided that they were properly enforced. Experience both then and since had proved that it was impossible to enforce such a statute as at present worded. He, Dr. S., had at the time denounced the Committee as incompetent and time-saving. The Gynæcological Society had since that time memorialized the Executive of the State with reference to the reluctance of its prosecuting officers to attempt trials for the crime, and the Governor had pointed to their valid excuse. Dr.

* Transactions of the American Medical Association.

† Boston Medical and Surgical Journal.

Storer thought that the time had at last come, so great a revolution was occurring in public sentiment, when steps for a betterment of the statutes might be taken with success. The New York Medico-Legal Society for instance, had lately been acting with vigor and success. He would therefore move the appointment of a committee to consider the propriety of a memorial from the Society to the Legislature. He himself should decline serving upon it, as he feared he was considered by his friends a fanatic upon this subject, but he would aid the committee by every means in his power.

The motion was seconded by Dr. Hazelton, and Drs. Greeley, Hazelton and Bixby were appointed. As apropos to the last subject under discussion, the Secretary presented from Dr. J. M. Toner, of Washington, a series of diagrams illustrative of

THE DECADENCE OF THE BIRTH-RATES IN AMERICA.

“They are the results,” Dr. Toner states, “of a careful study of what the various reports of the United States census teach upon the momentous question of the decadence of the birth-rates in our country, and they also show at what age the male and female have been in “excess.”

Dr. Hazelton stated that he had found it impossible to get all the members of the committee that had been appointed to investigate the present system of coroners, together at any one time for consultation. As the matter was one of much importance, he hoped that some other method of reaching the matter might be employed. He would therefore move the discharge of the committee. This was seconded by Dr. Greeley, and carried.

Dr. Storer moved and it was seconded by Dr. Blake, that Dr. Hazelton be appointed a committee of one, with directions to report at the next meeting—carried.

Dr. Warner disliked to seem over critical of the conduct of his fellow-practitioners, but a gross case of professional etiquette had lately occurred to him that should be interesting to gynæcologists. A patient had been here under his care for some little time from Newport, R. I. A Dr. A., of this city, a member of the Suffolk District Medical Society, and professing to be in regular standing, called into the house to attend another case, took occasion to enter into conversation with this lady, and to ask her who was her medical attendant ; upon being informed, he advised that Dr. W. should be replaced by another physician, who he said was the only competent gynæcologist in this neighborhood, and who besides excelled in this respect that he was so considerate of his patients' feelings that he never under any circumstances used a speculum, whether for diagnosis or treatment. Dr. W. believed that of all species of insidious quackery, this form was one of the most despicable and dangerous. It was alike a pandering to the overstrained notions of the prudish and to the false conservatism of ignorant practitioners, and tended to encourage that system of guessing by which so many lives were still imperilled.

Adjourned.

SEVENTY-SECOND REGULAR MEETING, MARCH 5, 1872.

The seventy-second regular meeting of the Society was held on March 5, 1872, the President in the chair. Present, Drs. Lewis, Bixby, Hazelton, and H. R. Storer ; and by invitation, Drs. A. L. Norris and E. L. White, of East Cambridge.

The records of the last meeting were read and accepted.

The Secretary read letters in acknowledgment of their election to Corresponding Memberships from Prof. Litzmann, of Kiel, and Drs. John Davis, of Fayal, Azores, and

Josiah Curtis, of Knoxville, Tenn. He also communicated the decease of Prof. Paul Dubois, of Paris, an Honorary member.

The following donations to the Library were announced: From Dr. O'Donnell, of Baltimore, the report of the committee of the American Medical Association, 1871, upon Criminal Abortion; from Dr. Frank A. Ramsey, of Knoxville, Tenn., his monograph upon Inversion of the Uterus; from Dr. Alfred L. Carroll, of New York, the Question of Quarantine; and from Dr. Joseph G. Richardson, of Philadelphia, his papers on the Detection of Pulmonary Elastic Tissue in the Sputum of Phthisis, on Certain Human Parasitic Fungi, and their Relation to Disease.

Applications for Active Membership were read from Drs. Israel Thorndike Hunt and Percy C. H. Rooney, of Boston, and J. M. Keniston, of Cambridgeport, late Assistant Physician to the Butler Hospital for the Insane, at Providence.

The Committee upon Membership having reported favorably upon his application, a ballot was taken, and Dr. Frank E. Bundy, of Boston, unanimously elected an active member of the Society.

Dr. Norris exhibited the uterus of a patient dead at the fifth month of pregnancy, of broncho-pneumonia. The placenta being still attached and the membranes unbroken, the details of the utero-fœtal connections were unusually well demonstrated.

The Secretary read a communication from Dr. Frank A. Ramsey, of Knoxville, Tenn., relative to

A QUESTION OF PRIORITY IN REGARD TO THE SUG-
GESTION OF THE TRUE PATHOLOGICAL PRINCIPLES
GOVERNING INVERSIO UTERI.

[Dr. Ramsey's communication was published in this Journal, June, 1872.]

Dr. Storer, in allusion to one of the points made by Dr. Ramsey, that Barnes considered it always possible to dis-

tinguish between uterine inversion and a polypus of that organ, by the ordinary signs, remarked that this was not the fact. He himself had placed a case upon record, one of enormous intra-uterine fibroid, pediculated and just commencing to descend, where the only test that could possibly throw any light upon the question was the direction and extent to which the catheter passed into the bladder. This test then being a new one and unmentioned in the books was not accepted as valid by the five Boston experts who saw the case with him, the lips of the cervix being so thinned out over the tumor as to be undistinguishable from it, forbade surgical interference. All attempts to reduce the supposed inversion failed, and examination, post mortem, decided the validity of Dr. Storer's diagnosis, and established the fact that a very simple operation might have sufficed to save the patient's life.*

With reference to the question of the so-called spontaneous occurrence of inversion as from interstitial fibroid in the uterine wall, Dr. Storer had formerly disbelieved in the possibility of such causation. He had, however, seen one case in point, and had formerly reported it to the Society,† the specimen being still preserved in the College Museum. A similar instance has been lately put upon record, and admirably figured by Dr. Thomas Hay, of Philadelphia.‡

Allusion has been made, Dr. Storer continued, by Dr. Ramsey to Dr. Emmet views regarding continued pressure as a means of reducing chronic inversion. That he was not entirely a sceptic as to its influence was proved by the unique manœuvres he employed to obtain it, by placing metallic sutures through the cervix below a partially reduced uterus, that by the continuous upward pressure kept all the ground that had been gained, and com-

*See this Journal, November, 1869, p. 274.

†See this Journal, August, 1870, p. 76.

‡Philadelphia Medical and Surgical Reporter, December 2, 1871, p. 493.

pelled a completion of the process of reduction. This had apparently been forgotten by Dr. Ramsey, though he must doubtless have been familiar with it, as also with equally novel procedure of T. Gaillard Thomas by which the possibility of advantage from continuous pressure from below, in otherwise impracticable cases, had been materially increased by continuous dilation of the constructing portions from above, after abdominal section.

Dr. Bixby thought the complaint made through the Society by Prof. Gross of Philadelphia* that his own suggestion with reference to the reduction of chronic inversion had been unheeded by recent writers upon this subject, was very interesting in this connection.

A communication was read from Dr. W. H. Bramblitt of Newbern, Va. upon

OVARIAN SECTION BY AN EMPIRIC WITH RECOVERY
OF THE PATIENT.

[Dr. Bramblitt's communication was published in this Journal, July, 1872.]

The following communication was read from Dr. W. B. Atkinson of Philadelphia, Permanent Secretary of the American Medical Association. It is the report of a case of

UNSUSPECTED UTERINE TUMOR, FATAL IMMEDIATELY
AFTER CONFINEMENT AT TERM.

“As a matter of interest in our department of Medicine, I give you the following details:

“M. B., æt. 35, mulatto, primipara, was delivered at term of a dead infant, without unusual delay or difficulty. The placenta followed immediately. Upon the attendant placing his hand upon the abdomen to know if the womb were contracting thoroughly, he detected the presence of what he supposed to be a second child. Of course he

* See this Journal, October, 1871, p. 194.

was soon undeceived, and waited with some anxiety the advent of other symptoms. Nothing abnormal occurred. She had a moderate discharge, slight pains, and though the enlargement remained, her progress was satisfactory. She was able to leave her bed about the seventh day, and to return to it unaided.

“On the ninth day she became alarmingly weak, and died on the tenth.

“Dr. Wm. F. Patterson, her medical attendant, requested me to make the post mortem examination, which I did on the afternoon of the day of her death. She was very large, estimated to weigh two hundred pounds. Upon opening the abdomen, the uterus was observed to be enormously large, with nodules half the size of an egg here and there over its surface. When removed the mass was estimated to weigh about twenty pounds. It was dissected the next day at the meeting of our Medical Society. The lower and cervical uterine surface was healthy, but a large, partially broken down tumor occupied the posterior wall of the womb.

“The ovaries did not show signs of disease, nor was there observed anything abnormal in the other viscera.

“My belief is that death ensued from embolisin. No doubt the tumor had been roused from a quiescent state and stimulated to a rapid growth by the vast quantity of blood poured into the vessels of the pregnant womb. When delivery was accomplished this supply was suddenly cut off, and rapid death and disintegration resulted in the tumor.

“The most searching investigation revealed nothing in her past history, even to indicate the presence of a tumor.”

Dr. Bixby asked if it were not possible in Dr. Atkinson's case, that death might have been from septicæmia,

and referred to the cases reported by Dr. Säxinger from Prof. Seyfert's clinic.*

Dr. Storer stated that he was very frequently requested, by distant correspondents, to advise them concerning the selection of their

GYNÆCOLOGICAL INSTRUMENTS.

Gentlemen were often in doubt as to the instruments that were required for the average run of cases; and it was not uncommon for beginners, old and young, in making their purchases to obtain a large stock of instruments, over and above what they would ever be likely to require. In remote country districts, this was often a very necessary precaution, but under other circumstances it was not always advisable. The following letter was a fair illustration of those he received.

“TENNESSEE, Feb. 25, 1872.

“DEAR DR.—I hope you will pardon this liberty, although a stranger personally, I have known you well by reputation for several years. I write to ask you a kindness, I propose to make somewhat a specialty of Diseases of Women and wish to supply myself with the necessary appliances to that end. I wish you to have put up, for me by your instrument maker, as complete a case of instruments as you know to be necessary to treat all the ordinary troubles incident to Females, especially for treating diseases or troubles within the Cavity of the Womb. I would like to have Simpson's Uterine Sound, Tenaculum for fixing the Uterus, Forceps for introducing Tents, Gooches Canula, Gardner's Patent Caustic Uterine Dressing Forceps, Womb Syringes, and I leave the balance to you. Besides the Case, I want Storer's Combined Speculum, Sims' Speculum, and Thomas' Telescopic Speculum.

* American Journal of Obstetrics, etc., p. 187.

“I do not wish at present any instruments for treating any of the varieties of *Fistulæ* of the Female Genital Organs. I simply want a miscellaneous set of Instruments for treating the more frequent uterine troubles, and I know that your good judgment will suggest to you what I need as a Country Practitioner.”

To meet the need of such inquiries, Dr. Storer had prepared the following list which seemed to him to comprise the instruments that should be deemed absolutely essential for the conduct of an ordinary gynæcological practice, though for the expert, drawing his cases from a wide extent of territory, additional instruments would of course be required for the treatment of exceptional cases. He desired, however, the opinion of other members of the Society as to its completeness.

DR STORER'S LIST OF “ESSENTIAL INSTRUMENTS.”

5 specula.

3 sizes bivalve and retractor.

1 size quadrivalve.

1 of wood or horn for actual cautery.

1 cauterizing iron.

2 vaginal forceps.

1 slender dressing.

1 with ratchet and as curette.

2 sponge holders, plain.

3 caustic holders, different sizes. (Byford's.)

1 sound, Simpson's, plain.

1 scarifier and puncturator. (Scott's.)

1 applicator. (Warner's.)

12 dilators, graduated—German silver—with handle in common.

2 canulated, needles—folding.

2 ecraseurs.

1 large with long curved chain.

1 smaller for stout wire.

2 clamps for ovariectomy.

1 clamp-shield. (Storer's.)

1 trocar, medium size, but long.

1 pneumatic aspirator.

1 wire twister.

1 hollow sound.

1 circular scissors, (Emmet's.)

2 catheters.

1 silver.

1 gum elastic.

12 tents,—carbolyzed, sponge and sea-tangle, assorted sizes.

1 case for liquids and powders.

with six cut glass bottles.

wire-annealed iron, silver plated.

a cupressure and other needles.

1 colpeurynter for flooding, etc. (Braun's.)

No mention is made of pessaries because, when needed at all, they can be selected, like medicinal agents, according to the requirements of the individual case.

Dr. Bixby remarked upon the comprehension of the list, and suggested that the colpeurynter which had not been included by Dr. Storer, was so frequently of use as to render it almost a necessity to the gynæcologist for the purpose of the tampon.

Dr. Storer read the first of a series of communications upon the

GYNÆCOLOGICAL CABINET OF HARVARD UNIVERSITY.

[Dr. Storer's communication was published in this Journal for April, 1872.]

The Secretary presented a communication from Dr. Henry A. Martin of Boston Highlands, upon

MODERN MEDICAL SCEPTICISM.

It was a thoughtful and exhaustive reply to an address to the Massachusetts Medical Society in 1865, by Dr. Benjamin E. Cotting of Boston, entitled "Disease—a part of the Plan of Creation." *

Dr. Hazelton glanced briefly at the main point that had been made by Dr. Cotting in the paper to which Dr. Martin's was a reply, and said that in so far as he had thought of them, they seemed to him reasonable.*

Dr. Norris believed on the other hand that Dr. Cotting's argument was wholly of a specious and fallacious character. Its logical conclusion was that inasmuch as diseases and death were intentional on the part of the Creator, the physician had no right to attempt to curtail the one or delay the other, and so far from condemning, it was therefore his duty to hail with satisfaction the frightful procedures of the present day for the destruction of human life.

Dr. Hazelton considered that the exostoses, calluse, etc., mentioned by Dr. Cotting as having been found upon the bones of extinct mammals, were as signs that disease existed before the appearance of man upon the earth, so far proof that, that as well as death was a part of the fundamental plan of creation irrespective of man's existence in any sense whatever. Whether or no they were a part of the plan, creation had nothing to do with the duty of the physician to combat them.

Dr. Bixby thought this question had a good deal to do with that of one's duty, Dr. Cotting evidently had said that disease was the way intended by the Creator to keep down population.

*Medical communications of the Mass. Med. Society, 1865, p. 353.

Dr. Storer suggested that Dr. Cotting had evidently not appreciated the extent of the earth as compared with the comparatively trifling number of individuals of the human species, as yet existing even upon its most populous portions. In reading Dr. Martin's reply he had been surprised and delighted at the thoroughly Christian position he had assumed when discussing some of Dr. Cotting's theological statements.

Dr. Hazelton did not see how any one could study physiology, and yet believe that death could have entered the world through human sin. Death was the natural termination of life, created as man was, just like other animals he had a mouth, felt a desire to eat, and must do so, processes of waste, as well as repair were established and eventually his physical system was worn out by simple use.

Dr. Storer thought the whole matter might be summed up in a single word. It had been a common saying that of every three physicians, two would be found unbelieving. This was true only as concerned the truths of revelation, for with regard to natural religion it was with the physician as with the Astronomer, if undevout he was most likely demented. It was instinctive for an educated man to subject all problems to the reason, and to reject such as did not pass its ordeal. To learn that there was still a higher faculty than reason, to rest contented and secure, upon which has been called "blind" faith, thus seeing plainly and understanding fully what was inscrutable the substance indeed of things hoped for, and the evidence of things not seen, it required that a man should have experienced sore disappointment, bereavement, long physical suffering, or been awoke to a sense of personal guilt and have felt in his very soul, the absolute necessity of what he would then, and only then, perceive to exist. In this statement he was but express-

ing what to many, was their own experience. He had been permitted, in his own consciousness, to compare the two extremes of belief, and to him, that which so many but doubted or scoffed at, was now not a matter of possibility, but of clear personal knowledge.

Dr. Norris said that this had been his own personal experience also. The wisest men were after all but as children and to confess one's unaided helplessness and gratitude for the help that then came to us, was not unworthy even the student of science.

Dr. Hazelton would not seem to imply that he did not accept as true many things, religious as well as not so, which he could not understand. There was much about us, on every side, that was mysterious and must ever remain so, we may argue about them as much as we choose and define them as we like, but they will remain just as inscrutable as before.

Dr. Storer stated that in a late number of the Philadelphia Medical and Surgical Reporter,* its Editor, Dr. Stephen W. Butler in an interesting paper entitled "The Mission of Physical Science" had expressed the whole question in unexceptional language. In view of the great reputation and influence of Rudolph Virchow, of Berlin, Dr. B. had felt called upon to allude to a late address by this gentleman, before the German Association of Naturalists and Physicians, at their annual meeting last autumn, at Rostock, being as it was "little else than a deliberate attack upon religion, and not only on religion, but on all those ideas which under-lie any possible religion." It is a special plea for absolute materialism in its grossest sense; it is an argumentative denial of all belief in soul or God; it is the gauntlet thrown down to all who hope or trust in faith. The Mission of Physical Science, as Virchow takes it, is to wipe out all faith in God or spirit, and to

* Philadelphia Medical and Surgical Reporter, February 17, 1872, p. 147.

erase from the mind of man all hope, trust or action, which depend upon such ideas.

Dr. Hazelton remarked that he had begun his professional life with very conservative ideas upon religious topics, but they had progressively been rendered lax, dating from a remark he had read in Dalton's or Draper's Physiology, that whatever eats, involving as this did, the destruction and wasting of tissue, must die, from material causes alone ; and yet differing herein entirely from Virchow, he had no doubt that eventually the human spirit would exist for infinity, untrammelled by the physical body with which it is here mixed. His own personal consciousness proved this to him—purely animal as it were, when a fœtus every year tended to make it less and less material, so that the final destruction of the body necessarily implied the liberation to a separate existence of man's soul.

Dr. Norris was glad to hear such a discussion as this by medical men, and in a region too which many suppose the very centre of American materialism. There had been many a subtile plea for infidelity which had emanated from Boston, made by none perhaps with more persuasive sophistry than by Dr. Oliver Wendell Holmes, in "Elsie Venner," and his other ventures in psychico-physiological speculation, he had tended to unsettle men's confidence in religion* in precisely the same way as had the more fresh and manly Virchow.

*Dr. Norris had apparently not seen Dr. Holmes' last manifesto upon the subject, published four days previously. We quote from "The Poet at the Breakfast Table."

"Do you accept Mr. Darwin's notions about the origin of the race?" said I.

The master looked at me with that twinkle in his eye which means that he is going to parry a question.

"Better stick to Blair's Chronology; that settles it. Adam and Eve created Friday, October 28th, B. C. 4004. You've been in a ship for a good while, and here comes Mr. Darwin on deck with an armful of sticks, and says, 'Let's build a raft, and trust ourselves to that.'"

"If your ship springs a leak what *would* you do?"

He looked me straight in the eyes for about half-a-minute, "If I heard the pumps going, I'd look and see whether they were gaining on the leak or not; if they *were* gaining, I'd stay where I was."—*Atlantic Monthly*, March, 1872, p. 346.

Dr. Hazelton presented the following

REPORT OF THE COMMITTEE UPON CORONERS.

The committee appointed at the last meeting begs leave to present the following report :

“ It is not necessary for you to be informed that for the past few years, there has existed a strong conviction on the part of many in and out of our profession, that the laws in relation to the appointment of coroners, their acquirements, their duties, and the penalties for the non-performance of duty or any other malefeasance in office, were too indefinite to secure, for the purpose the office of coroner was created, an efficient, zealous, and honest body of men. Boston, with less than three hundred thousand people has, according to the Directory for A. D. 1871, twenty coroners, more than all the other large cities in the Union. All that has seemed to be required is the possession of a certain number of friends to recommend the appointment, and to sign a bond of five hundred dollars, and a sufficient amount of political influence. Having these, any wise-acre can be empowered to hold an inquest upon the body of the first that dies suddenly after his appointment, one of the most important duties that falls to the lot of any man to perform ; an error in judgment may permanently fasten a foul stigma upon the good name of one whom death has made incapable of offering any defence ; it may allow the guilty to escape, or, what is more, accuse the innocent.

“ There are two objects to be attained in every inquest upon a dead body, viz., to determine, 1st, the unknown cause of death ; 2d, the unknown time of death ; and sometimes a 3d, to determine the live birth and viability of a new-born child where both are doubtful. A medical man of great scientific knowledge and experience is better

calculated to arrive at an accurate solution of these problems than any other, because it is necessary to know, wherein the appearances observed in the body dead from disease differ from those caused by violence ; what is the natural progress of decay in the dead body ; how it is affected by time, temperature and moisture. All of these questions belong to the medical man alone to answer, and medical men have always been called upon to decide them.

“ But these three questions are not the only ones that come before the coroner. When it is ascertained that death has been the result of violence, other questions of the highest importance to the community arise that require as much experience and ability as the previous ones for their determination. There is nothing in the education of the medical man that fits him, more than any other person, to deal with them. They are purely legal, requiring to decide them a mind that has been carefully trained in the study of the law. The services of the medical man have ceased, now those of the lawyer begin.

“ To remedy the many existing evils, and to make inquests just and thorough, it would be advisable to petition the Legislature to abolish the present office of coroner, and to substitute a Court of Inquest for each county that shall be composed of one or more legal gentlemen, who shall be Judges having the power to arrest, etc., a medical expert who shall make all of the inspections and autopsies, and an analytical chemist who is skilled in all the processes for the detection of poisons. As murder from poisoning is unfrequent, the chemist may be appointed for the whole State. All of these officers to be appointed in the same manner as the judges of other courts. It is believed that such a change would, in the end, be far more economical than the present system.

“ All of which is most respectfully submitted:

“ ISAAC H. HAZELTON, Committee.”

With reference to the emoluments of coroners, Dr. Hazelton stated that they received not merely their fee for autopsies, but also when cases were carried to court, an additional fee as experts, which was often large, so that their apparent salary was no indication of their actual salary. All this would be changed for the better, so far as concerned the community, by the system now advised.

- Again, it was apparent that very valuable additions to our knowledge upon medico-legal questions might easily be made and collected together, which were now entirely neglected, scattered or lost. Were a properly educated person in charge of this department of the government, as was the case abroad, many very valuable anatomical, pathological, physiological facts could be demonstrated, and by the means of the medical press, or the professor's chair employed toward a higher medical education. Recently a coroner had resigned here in Massachusetts, who had sent in returns of many inquests that had never been held. Evidence of this was in the possession of the judiciary committee at the present time. The resignation of the unworthy official had been obtained by simply calling attention to him in the public prints. There were now in this neighborhood at least twenty-five or thirty coroners, where one devoting his whole time to it could easily do all the work. By the change, the coroner's opinion would be more cautiously given, and therefore much more reliable. All that was now required to secure an appointment, was to have a few friends, or a little political influence, and the place was given, no matter whether the applicant knew anything of medicine or law, or not, although he was to have it in his power from that moment to injure the best man's good name. It was too important an office thus to fling away upon the ignorant or unprincipled. We might have all possible improvement in our statutes concerning abortion, and the like, but if

the very fountain head of the administration of justice were soiled, we could effect nothing toward the suppression of crime

Dr. Norris considered that the office of coroner was not one that respectable physicians would care to hold.

Dr. Hazelton thought it certainly did not seem to have been desired by the best man in this and adjacent countries, judging by the general character of the present incumbents. It was time that its actual importance should be better appreciated, as it was in Germany for instance.

A motion was made, seconded and carried, to accept and to adopt Dr. Hazelton's report. It was also voted to transmit it to the Legislature in the name of the Society, with the prayer that the recommendation it contained should be adopted by the State.

Dr. Storer referred to a late discussion by the Society with reference to the vaccination of pregnant women, and to the importance during the present excitement concerning variola, of thoroughly understanding, so far as was possible, everything that bore upon its prevention and ultimate extinction. One of such questions was that of

ANIMAL VACCINATION.

which at the present day seemed as bitterly berated as it was in Jenner's time. Dr. S. exhibited an amusing caricature that had been drawn in the infancy of the process, of its earliest advocate, and remarked that if cruel then, such a method of argument was as unprofessional at the present moment. The members of the Society had it in their power to thoroughly examine into the question for themselves by visiting the already much discussed collection of heifers at Boston Highlands. He had little doubt that Dr. Martin would gladly afford them every facility for the investigation that they might desire.

He would therefore move that a special meeting of the Society be called for that purpose. The motion was seconded by Dr. Hazelton, and Saturday the 9th inst. at 3 P. M., appointed for the purpose.

Adjourned.

A CASE OF DROPSY OF THE OVUM.

BY J. H. LEOPOLD, OF GLAUCHEN, CORRESPONDING MEMBER.

Translated by Francis R. Stachli, of Boston.

Mrs. W. aged thirty-five, wife of a clerk, multipara from the sixth month of pregnancy, became so large, that at term the abdomen descended very nearly to the knees. From the pressure of the enormously distended uterus upon the abdominal organs and large vessels, and also on account of extensive excoriations on both sides, she was unable to lie down. The sitting posture was the most comfortable, and in that position she passed the last four months of pregnancy. Respiration became short and labored, and she suffered frequently from fainting fits. The form of the abdomen is delineated in the accompanying cuts. In the sitting posture the abdomen rested upon and between the thighs, and extended less than a hand's breadth to the knees.

The umbilicus was situated at the apex of the tumor. From the epigastrium downward, the distance of ten inches, there was a hollow empty sound upon percussion. At the lower point, the uterus was plainly to be felt through the walls of the abdomen. The abdomen at the umbilicus, and the last of the dorsal vertebra was forty-six inches in circumference. At the end of gestation the limbs were œdematous almost to bursting. In order to lessen



pain in the latter, they were rubbed with soothing ointments. Weeks before the presumptive end of pregnancy I had considered the propriety of inducing premature labor. Later having fully determined, and about to adopt the above measure, the patient firmly objected, upon conscientious scruples. The prognosis of the case becoming more and more unfavorable for the mother, no further mention was made of the subject. In accordance with my calculations, uterine pains set in on the night of the twenty-fourth of November, 1856. The pains dilated the os uteri to the size of a florin.* they tended also to aggravate the existing chronic peritonitis. At five P. M. by an examination per vaginam, no foetal members could be felt; while the upper portion of the abdomen still retained its empty condition, at every pain the largely distended uterus below could be felt at the lower margin of the liver. Auscultation upon the right side determined a feeble pulsation of the foetal heart, and on the left the placental murmur. The midwife and mother had expected and prepared for two children, but I failed to diagnose the presence of but one.

In order to reduce the size of the abdomen and thereby bring the contents of the uterus nearer to the pelvic inlet, with the patient placed across the bed, and firm pressure exerted upon the walls of the abdomen, by a long towel I proceeded to perforate the membranes. The operation was followed by a most profuse discharge of amniotic fluid; an examination immediately after revealed the presence of the foetal head at the brim of the pelvis. The surface of the abdomen was now irrigated for two hours with sulphuric ether spray, and during this time, the patient took twelve doses of *secale cornutum*. The pains now began to be stronger, and the os uteri was dilated sufficiently to admit two, and a little later

* Size of a half silver dollar.

three fingers. The foetus was found to have sunken deeper into the pelvis, but there was no further progress until nine A. M. The pain in the abdomen from the not very strong, but continuous uterine contractions, became more and more insupportable and she became more excited. I dilated the os still further, but even then, it was not sufficiently large to admit the blade of the forcep; I therefore determined to resort at once to the performance of accouchement forcé. After having dilated still more I carefully introduced the hand and delivered the child by the right foot. The infant a female, was still-born, but rallied upon having ether dashed upon the surface of the body. The large and flabby uterus contracted after long continued rubbing. Symptoms of shock were soon apparent. Up to this time there had been no hemorrhage.

At noon I left the patient. During my absence, hemorrhage had taken place within the uterus. The blood did not escape per vaginam, but distended the vagina to an extent which caused severe cramp, a condition of things I have often seen under similar circumstances. After breaking down and removing nearly a quart of clots, the pain and cramp in the vagina was relieved. The great exhaustion which followed was treated by stimulants. 25th. Considering all the circumstances, the patient feels quite well, but having been persecuted the entire day by visitors, at night she became very much excited and feverish. She was ordered Emulsion of Almonds, and Laurel Water; and externally hot fomentations. 26th. Her condition has much improved. She was ordered to continue all the remedies. The uterus was now excessively painful to the touch, and the region over the os coccygis very sensitive. There was a dark reddish colored ichorous discharge from the uterus. The œdema of the extremities had materially subsided. The fever almost entirely absent.

The patient partook for the first time of a buttered roll, with tea made from Linden blossoms. The mammæ showed no signs of milk. The child, which was quite healthy, was put on cow's milk. 28th. Early this morning the patient was attacked with severe chills, and a return of the frontal headache. There was an offensive discharge from the genitals. The os was filled with clot, and a purulent discharge. The abdomen was very much distended, and painful upon pressure. The pulse rapid and hard, the skin dry, respiration hurried, there was very great thirst.

The extremities though no longer swollen were still very painful. She was ordered to receive small doses of calomel every three hours, soothing injections per vaginam, and a bladder of ice upon the head. The latter from its weight having caused discomfort was removed.

P. M. There was some improvement in her symptoms.

29th. From five to six A. M., there was a return of the chills, followed by great heat, headache, and insatiable thirst. She has had three dejections, fæces soft, urine free, the lochia still offensive. She was ordered internally, cooling acid drinks, and externally, cold applications to the head, with Anguentum (Neapolitan) to the abdomen. After pains still occur, though much weaker and less frequent, and followed by ichorous discharges. The chills recurred between three and four, and later, slight headache in the right temporal region.

November 30th. Since yesterday, the chills recurred at eleven P. M. last night, twelve M., and three A. M., each lasting nearly three-quarters of an hour. After pains followed by discharges of offensive lochia still continue. The abdomen has materially subsided, condition of bowels and kidneys quite normal.

December 1st. During the past night, there have been slight chills, accompanied by cervical neuralgia. She was ordered to take sulphate of quinia every hour. After pains with offensive discharges still continue.

2d. The bitter of the quinia caused disagreeable eructation, it was therefore omitted, and in the morning morphine pills were ordered to be taken every six hours. Neither chills nor neuralgia have recurred during the night. She had two after pains early this A. M.

Her condition upon the whole, was steadily improving, although the pulse was still rapid and hard, and there was considerable thirst. The patient insisted upon having her child christened in her presence, and remonstrances were of no avail.

In consideration of the fact that she had suffered from puerperal mania for weeks, after both preceding births, and being of a very sanguine temperament, further resistance to her wishes was not deemed advisable, and the christening was allowed to take place in the sick room. Upon the occasion sixteen guests were entertained. During the ceremony and festivities following, she quarrelled constantly with every one. Later in the day she was taken with severe pain in the abdomen, which yielded only to repeated doses of the acetate of morphia and the application compound unguent of althea, oleum hyosiami and laudanum.

December 4th. She experienced again severe pain in the abdomen, with a hard, rapid pulse. In short, the puerperal process still held its ground. She refused all internal remedies; consented only to the use of external ones. In addition to her extraordinary wilfulness, she persisted in giving a lying-in party, and which was attended by a large number of guests.

The day after the excitement, great prostration followed. Examination of the abdomen gave evidence of suppuration at different points. On the sixth, she was not able to swallow, on account of a troublesome spasm of the pharynx. The latter was relieved by morphine; meteorismus soon followed, with oft-recurring faint spells,

especially when she assumed a sitting posture. On the seventh, apthæ and miliary vesicles appeared upon the surface of the abdomen. The pulse was small and rapid. The patient was allowed to rinse the mouth with wine and water, and for nourishment, warm milk, and occasionally, a little sweet wine. On the tenth, diarrhœa, with frequent dejections set in. She was ordered warm fomentations, and for a beverage, oat-meal gruel with the yolk of an egg. The intercurrent abdominal pain subsided entirely after the eleventh. The urine remained quite free. On the twelfth there was considerable nervous excitement, alternating with comparative rest. The diarrhœa and discharge from the vagina ceased entirely. The face was flushed and hot, the extremities cold. On the thirteenth the patient quietly sank from sheer exhaustion. Post mortem on the fifteenth revealed the following:

a. A thick skull. In the region of the right frontal protuberance (the seat of chronic headache) the dura-mater was found coalesced with the bone to the extent of an inch in circumference; also marked turgescence of the vessels of the pia-mater. Substance of the brain exceedingly firm; copious extravasation in the third and lateral ventricle.

b. Lungs healthy. Heart healthy, with the exception of a reddish color of the lining membrane of the ventricles.

c. Abdominal cavity distended with gas, and greenish ichorous fluid and pus; the transverse colon completely agglutinated with the abdominal walls. The serous surface of all the intestines studded with little red indurated tubercles, from the size of a millet seed to that of a pea. The omentum had shrunk, as it were into three strips. The peritoneum was gangrenous in the ileo-sacral region. The uterus was flaccid, still uncontracted, and its mucus membrane gangrenous, and

extended into the substance of the tissues. The dangers from such a dissection prevented an examination of the kidneys.

Causes of Death. Early chronic peritonitis before delivery, which afterwards seemed to subside; but from the sixth to the seventh day became aggravated, and caused gangrenous metritis which resulted in death on the nineteenth day. During the entire illness there was never loss of consciousness.

PERINEORRHAPHY WITH SUCCESSFUL RESULT.

BY W. DUNCAN, SAVANNAH, GEORGIA.

(Communicated to the Society and read Sept. 17, 1872.)

The following case is reported, not for anything original in its nature or treatment, but simply to record one more to the number of successful results in the operation of perineorrhaphy.

Elizabeth Miller, a colored woman, æt. 28, unmarried, robust and healthy in appearance, consulted me on the 5th of August with a view of obtaining some relief from her distress and suffering, occasioned by a severe procidentia of the uterus.

She stated that she was confined on the 16th October last; had a natural labor of eight hours' duration, and was attended in her accouchement by a colored midwife. She remained in bed seven days after the birth of her child, and upon rising, she felt a falling of the womb.

In the month of May, seven months after her confinement, she experienced a severe fall upon her back, while swinging from the limb of a tree. About one week after this fall she noticed the protrusion of the womb outside the orifice of the vagina, and since that time she has been unable to perform her daily duties, and to obtain the means of support.

A physical examination revealed a complete procidentia of the uterus and anterior wall of the vagina, with an entire absence of perineum, that structure having been lacerated completely to the anus, and partially through the external sphincter muscle. The uterus was indurated, somewhat larger than natural, and the os uteri abraded and ulcerated.

Placing her in a recumbent position, the organ could be easily restored to its normal situation by manipulation, but would again protrude immediately upon her rising.

An operation, for the formation of a new perineum being the only one giving any hope of permanent relief, I at once suggested the necessity of her having recourse thereto.

She consented willingly to anything that would alleviate her distress and suffering, and on the 8th of August, I performed the operation, assisted by Drs. Bullock, Charlton, Myers, Houston and Starbuck. The bowels having been opened the day previous with a brisk cathartic, the patient was placed in the lithotomy position, full anæsthesia obtained, and about two inches in length, and one inch in width of cicatricial surface on either side of the posterior commissure of the vulva was removed. The inner or deep edges of the wound were brought in apposition by three deep sutures of doubled stout silk thread, well waxed, accurately adjusted, and then tightened, forming the "quilled suture." Some six or eight silver sutures were then passed through the external edges of the wound, closing the same perfectly. No "liberating incisions" were made through the sphincter ani. A light dressing, consisting of a piece of lint soaked in styptic collodion was applied to the external surface of the wound, and retained in position with a T bandage. The knees were then fastened together, and the patient placed in bed. One gr. of opium was ordered every four hours, also a diet consisting of beef tea, arrow-root and milk, and the catheter to be introduced

whenever she desired to pass her water. The recovery from the influence of the chloroform was more tardy than was desired, and when she became perfectly restored to consciousness, she complained of great pain, and became very restless, uneasy and uncomfortable.

The vagina was syringed every day with a strong solution of chlorinated soda ("Labarraque's Solution,") and a piece of lint saturated with the same solution was applied externally to the wound daily. On the fourth day after the operation, a troublesome diarrhœa came on, which could not be controlled for several days, though opium, acet. lead, tannic acid, creasote and rhatany were severally administered at different times, also suppositories of tannic acid and opium.

On the fifth day it became necessary to remove the middle deep suture on account of suppuration, the remaining two deep sutures were removed on the sixth day. The silver wire sutures were removed on the tenth day, when upon examination, it was found that perfect union had taken place without any fistulous communication or opening.

From that time to the present, the patient has progressed favorably, with the exception of a mild attack of intermittent fever, which was readily controlled with quinine.

The principal feature of interest in this case was the complete and perfect union of the parts throughout the whole extent of surface vivified without any fistulous communication whatever, notwithstanding a persistent diarrhœa of several days' duration.

I am of opinion that the successful result of the operation is to be attributed more to the favorable condition of the patient, than to any other cause. It is almost unnecessary to remark that the necessity for the performance of the operation was probably occasioned by the non-competence of the attending midwife during the accouchement of the patient.

DEATHS FROM CANCER, OCCURRING IN PHILADELPHIA
FROM JANUARY 1, 1861, TO DECEMBER 30, 1870; SHOW-
ING THE RELATIVE PROPORTION OF MALES AND FE-
MALES DYING OF THIS DISEASE; AND THE PERCENT-
AGE OF WOMEN DYING OF CANCER OF THE UTERUS.

By J. STOCTON HOUGH, PHILADELPHIA.

(Reported to the Society, and read Sept. 17, 1872.)

Year.	Total No. of Cases.	Total Male.	Total Female.	CANCER OF UTERUS.			Cancer of Ovaries.	Cancer of Male Genitals.
				No. of Cases.	Percentage of Whole No.	Percentage of Women.		
1861	188	64	124	30	15.9	24.1		1
1862	181	59	122	30	16.5	24.5	1	
1863	190	72	118	40	21.	33.9		
1864	180	49	131	43	23.8	32.8		
1865	188	54	134	35	18.6	26.1		1
1866	203	55	148	48	23.6	32.4		
1867	200	50	150	44	22.	28.6		2
1868	236	75	161	49	20.7	30.4		1
1869	232	65	167	51	21.9	30.5	1	1
1870	261	77	184	43	16.4	23.3	1	
Total.	2059	620	1439	413	20.04	28.66	3	6
Average.	205.9	62	143.9	41.3	20.04	28.66	.3	.6
Percentage.		30.11	69.89		20.04	28.66	.0145	.029

This table indicates, that, on an average, 2.32 women die of cancer to every man, or 2.32 per cent. more women die of this disease than men. It also shows that of all the women dying of cancer, 28.66 per cent. die of cancer of the uterus, or 20.04 per cent. of the whole number without regard to sex.

It is curious to observe how few cases there are of cancer of the ovaries, and still more curious to note the very few cases of cancer of any of the male genital organs.

Below I have given a tabulated statement of the cases of cancer of the breast (two of which occurred in men), showing the total number of cases for ten years to have been 163.

Now if the number of cases of cancer of the uterus be added to the number of cases of cancer of the breast and ovaries, and their sum taken from the total number of cases of cancer in the female, the result will show that 862 women and 612 men died of cancer of organs not *peculiar* to their sex; showing that 40.84 per cent. more women than men die of cancer of organs common to both sexes.

The following table will show proportion dying before, as compared with those dying after the climacteric period.

DEATHS FROM SOME OF THE DISEASES PECULIAR TO WOMEN, OCCURRING IN PHILADELPHIA FROM JANUARY 1, 1861, TO DECEMBER 30, 1870; SHOWING THE PERCENTAGE OF THOSE DYING AT DIFFERENT AGES, AND THE PROPORTION DYING BEFORE AND AFTER THE CLIMACTERIC PERIOD.

NAME OF DISEASE.	AGES.								Before Clim- acteric.	After Clim- acteric.	Total.
	15-20	20-30	30-40	40-50	50-60	60-70	70-80	80-100			
Cause of Death.											
Cancer of Uterus		18	92	113	129	51	21	2	167	259	426
“ “ Breast		1	13	42	47	31	21	8	35	128	163
Inflammation Uterus	7	55	51	11	4	2			119	11	130
Ulceration “		1	2	1		3			4	3	7
Rupture “		6	12	4					22		22
Puerperal Fever	14	133	84	18					249		249
Childbed	1	34	38	8					81		81
Total	22	248	292	197	180	87	42	10	657	411	1078
Percentage	2.04	23.	27.06	18.27	16.69	8.07	3.88	.92	61.88	38.12	100.00

This table indicates that of those women dying of cancer of the uterus, 60.8 per cent. die after the climacteric, while 39.2 per cent. die before this period.

Cancer of the breast is still more fatal after this period, 78.5 per cent. dying after forty-five years of age.

Although 65.7 per cent. of all the women dying of cancer die after the climacteric, yet the other diseases peculiar to their sex, more than counterbalance this preponderance, by a greater percentage of deaths before the climacteric, as will be seen by reference to the table.

Of women dying of diseases peculiar to their sex, 61.88 per cent. die before the climacteric, and 38.12 per cent. die after this period.

It will be noticed that the "probability" of a woman's life, (so far as the diseases named are concerned) is less at the period from thirty to forty years than at any other; increasing gradually through each decade.

If the cases of cancer be separated from the other affections, it may be observed that the decade from fifty to sixty years, the fatality of cases of cancer of the breast and uterus makes its maximum, while the fatality of affections principally incident to child-bearing, is greatest during the decade from twenty to thirty.

These facts, though scarcely numerous enough to generalize from, yet taking into consideration the fact that they run through ten years of the history of these diseases in the city of Philadelphia, they are of much greater value than the same total number of cases occurring in one year anywhere, if such were possible. I would venture to suggest that, properly applied, the deductions derived from these tables may be of some value in the selection of cases in life insurance risks; for in general it appears that a woman's chances (probability) of life (so far as the affections named are concerned) are nearly

twice as great after the climacteric as before ; that between twenty and forty years is the most critical period of her life. Again, if she has passed the climacteric period, and has any predisposition to cancer, hereditary or otherwise, she is nearly twice as likely to die of this disease (in her sexual organs) as she was before forty-five years of age, and if to this greater liability, we add her greater liability to cancer of other organs than man, which I think it is safe to conclude, are increased after the climacteric, we shall see that she is more than twice as liable to cancer after forty-five years as she was before. Notwithstanding all this, in general, women above forty-five years (climacteric), have, I am persuaded, greater probability of life than men of the same age.*

A CASE OF OVARIAN APOPLEXY.

BY J. H. BEECH OF COLD WATER, MICH.

(Communicated to the Society Sept. 17, 1872.)

Mrs. J. V., commenced menstruating at the usual age, and without any abnormal condition bore a healthy child at twenty years of age. About two and one-half years after the birth of said child, *i. e.*, in May, 1869, the menses ceased without any other sign indicating pregnancy.

* In the census of the State of New York for the year 1865 (compiled by Dr. Franklin B. Hough), I find the following proportion of males and females dying of cancer, showing about the same proportion as the tables of Philadelphia.

1850,	107 males,	150 females,
1860,	216 "	306 "
1865,	157 "	251 "
<hr/>		<hr/>
Total,	480	707
Percentage,	40.4	59.6

An "uneasiness" was realized "low down in the left side of the abdomen," which, after two periods had passed without show, became a constant pain, and the discovery of a movable lump, tender to pressure, induced the calling in of an irregular practitioner.

About this time a profuse hemorrhage occurred per vaginam, and the "doctor" afterwards talked of a miscarriage, although he never examined the patient by touch, nor the cloths or discharges; and the attendants had seen neither embryo nor membranes of any kind. The "lump" in the side was not perceptibly changed by the hemorrhagic discharge. At my first visit, Sept. 14, 1869, the patient was found anæmic, greatly depressed in spirits, pulse 116, bowels constipated, mouth sore from "*hydraycum creto*" (which was at that time being given by the "doctor" to nearly every patient under his care,) great tenderness of the "movable lump" which seemed about three inches in diameter, rising above the crest of the ilium when the body was inclined toward the left, in which position the tumor could not be felt by vaginal touch. In the dorsal decubitus the tumor could be pressed down upon the roof of the vagina, tilting the uterus toward the right, and seeming to partially rotate it, as if the tumor slipped behind its left side.

The uterus was slightly enlarged, exhibiting venous and capillary congestion. There was occasional chilliness through irregular hours of each day, and evident tertian exacerbations.

As the patient was a recent settler in a bad, malarial district, these latter signs could not be considered as positively diagnostic of purulent absorption. There were ulcerative abrasions about the os uteri. Tonics and anodynes were freely administered. Sept. 19th. No material change had occurred, although the patient had rested fairly, and felt more hopeful, and the mouth was improving.

Dr. S. Clisbe of Girard, Mich., now took immediate charge, and continued a supporting treatment until Oct. 19, when the general condition was very much improved.

The mercurial stomatitis was cured,— pulse, 98. Abrasions about os uteri cicatrized. Chills had ceased. There was greater tenderness in the tumor, and I thought a trifling increase in its size. Glairy mucous streaked with blood was exuding pretty freely from the os uteri.

There seemed to be abnormal heat in Douglas' cul-de-sac as well as externally over the tumor, but the tumor could, as before, be elevated by external pressure, entirely beyond reach of vaginal touch; or, vice versa, be pressed down for easy and distinct palpation.

Oct. 31st. Conditions but very little changed. Upon careful examination we estimate the tumor at three inches diameter, and globular in form. It was still more sensitive through the abdominal wall, than to rectal or vaginal palpation. Its mobility was slightly less than previously.

Dr. C. and myself now resolved to induce adhesions, if possible so that an opening could be effected per vaginam, and applied acid nitrate of mercury to the vaginal surface in nearest proximity to the tumor. An abdominal bandage and thick, soft compress over the tumor were applied to keep it as well down as possible, and tolerance was to be secured by free doses of morphine.

Nov. 4th. My notes say, "tumor diminishing rapidly in size, probably by evacuation through fallopian tube as the speculum reveals sanious pus escaping from the os uteri."

Still the remaining tumor was no softer than before, and we doubted if the evacuation was from the original cyst.

The nearly healed vaginal eschar was well rubbed with a crayon of argent nitratis, and other remedies continued.

Nov. 7th. Pus and sanies still escaping from uterus, although there is no further diminution in the size of the tumor.

Os uteri evidently irritated by the said discharge.

Two fissures which I had not observed before now appear at the left angle of the os. General condition improved still farther. Re-applied argent to left vaginal vault, which was also done every few days until Nov. 21, at which time the discharges from the uterus had nearly ceased, and the tumor seeming to be about two inches in diameter, was fixed low down in the left side. Using a large speculum, revealed motion in the left vaginal vault, when the tumor was externally manipulated, and an indistinct thud was perceptible by the finger in the vagina, upon percussion externally.

Upon passing a trocar and canula in at the point at which adhesion had been induced, resistance ceased at the depth of about three-fourths inch, and about two ounces of treacle-like blood with specs of pus were evacuated.

The globular form of the tumor was lost. The canula was kept in but two or three days, and Dec. 7, there being a re-accumulation, an opening was again made evacuating about an ounce of grumous matter, from which time convalescence was uninterrupted but tardy.

As the family moved out of the county we lost track of the case for a time, but being in their vicinity in February, 1872, I called upon the patient and learned that her menses ceased in a similar manner in the summer of 1871, at which time some enlargement returned low down in the left side, with pain and soreness.

After passing three periods a copious flow of grumous, fœtid character appeared, and in a few weeks her health again became good, and menstruation normal.

She could not tell whether the discharge at that time came through the uterus, or by the re-opened cicatrix.

GYNÆCOLOGICAL SUMMARY.

BY GEORGE HOLMES BIXBY, M. D.

VIII.

In the *American Practitioner* for September, 1872, one of the editors, Professor Theophilus Parvin, has a paper upon

DISORDERS OF MENSTRUATION FROM PSYCHICAL CAUSES.

We had intended to give merely a resumé of this valuable paper, but upon carefully looking it over, we are compelled to take the liberty to present it to our readers intact.

“The accession of puberty in the female is characterized by psychical as well as by physical phenomena. The rounding of the form, the expansion of the hips, the development of the chest, the change in the voice, etc., marking the great revolution in the economy, endowing the girl with the material attributes of the woman, have their counter-parts in the contemporaneous alterations in the tastes and the habits, emotions and desires, thoughts and purposes. Old things, childish things, are put away, and behold all things are new; especially the modest reserve, the maidenly dignity, and noble aspirations of her who is

“Standing with reluctant feet,
Where the brook and river meet.”

Conjoin with this truth another—namely, that each periodical recurrence of that which peculiarly characterizes the sexual life of woman, menstruation, is marked in the vast majority of cases by some modification of the

mental state, modification varying in different individuals—despondency and an imperative need for solitude in one, unwonted activity and brilliancy of thought in another, the abolition or perversion of will in a third absolute mania in a fourth, in a fifth intellectual dulness and torpor, in a sixth the exaltation of sensibility, etc.—and we readily anticipate that which observation completely verifies; mental causes may have an important influence upon the menstrual function.

It is sometimes said that the medicine of the future will be preventive more than curative; will seal up fountains rather than dam rivers; successfully strike at causes rather than struggle unequally with effects; and herein will be its greatest glory. An advance, possibly, quite as assured and beneficent, will be made when medical men more generally recognize the power of the mind over some of the most important functions of the body—a power which may be good or evil.

However, without dwelling on this point, it is the purpose of this paper to call attention to some of the disorders of menstruation resulting from psychical causes; and in thus giving the genesis of such deranged manifestations to suggest, if not always the cure in individual cases, at least their prevention in others. These disorders it is proposed to consider under the heads of *premature occurrence*, *absence*, partial or complete, *difficulty* and *excess* of the flow.

While in obedience to common usage the flow is spoken of as synonymous with menstruation, it should be ever borne in mind that the former, in its strict signification, is merely the external and unfaithful sign of more important changes transpiring within the sexual organs; that the mere hemorrhage is really but a small part of menstruation. It is only the last link in the chain; only the concluding term of the series.

In considering the first of the divisions just made it will be necessary to speak very plainly of the system of education of girls prevalent and popular in our country. If the opinions expressed in regard in this education should be doubted or disapproved by readers, the writer can only say that those opinions have not been formed hastily, but as the result of some reading, observation, and reflection. The co-education of the sexes, in our cities at least, is a potent cause of premature menstruation. At any rate, puberty occurs earlier in girls living in the city than in those living in the country; and it may seem difficult at the first glance to eliminate all the causes which are efficient in working out such a result. Nevertheless, is it not probable that the constant association of the sexes, the pursuit of the same studies, the community of thought and occupation, the opportunities for little flirtations, the stimulus given to the emotions and passions, if not rejoicing in the present, at least revelling in the possibilities and dreams of the future, must have an influence in hastening sexual development? In the female of many of the inferior animals it is well known the constant presence of the male causes the earlier occurrence of "heat," which to the scientific mind is simply the expression of ovulation, and the indication of the aptitude for conception. Is it irrational to conclude that the human female is in some degree subject—unwittingly, unconsciously subject—not derogating in the slightest from her maiden purity of thought, believing her, in her every thought and emotion,

"Chaste as the icicle
That's curded by the frost from purest snow
That hangs on Dian's temple"—

to the same law that holds in nature elsewhere?

Observation has led the writer to believe that of which

the antecedent probability is so strong; to wit, that in our cities girls educated with boys mature earlier than those educated by themselves—mature has been written, but it expresses an unnatural, a forced ripening, like tropic fruits and flowers which hot-houses produce amid the snows of January. While the facts occurring in a few years' experience are not sufficient to demonstrate a truth beyond a doubt, yet they entitle it to a faithful investigation. I can now refer to twelve instances where menstruation occurred in the tenth or eleventh year in girls attending public schools in the city. In the case of none had the mother menstruated earlier than the fourteenth year; so that hereditary influence was not apparently a factor. Still another fact. Two girls of different families, and pupils of a public school, were first "unwell" at about eleven. Each had a younger sister, and at my suggestion these were educated at private schools, where only girls were admitted; and the two became "unwell," one at fourteen, the other at fifteen. Tracing still further the history of the first two, one is an invalid from menorrhagia, the other suffers cruelly from dysmenorrhœa.

Should it be asked why in the country association of the sexes in school does not have the same effect as such association in the cities, the answer is obvious. The country girl is exempt from many of the excitements to which her city sister is subject; besides she breathes a purer air, has a simpler diet, observes more regularity in hours of sleep, and the tendencies of her life are to the development of the muscular rather than the nervous system. Among the excitements of city life are concerts, balls, dances, parties, theatres, novel-reading, etc. Fashionable dressing—which, so far as the female is concerned, is frequently an effort to exaggerate sexual peculiarities of form, as witness the padding over the mam-

mary glands, and the various devices to enlarge the apparent size of the pelvis—so too the struggle of that vulgar ambition to be in the first class of society, to be finer, more admired and envied than others, to live in better style, may be counted among the civic excitements of nervous sensibility especially affecting the female sex. Now, when you conjoin with these the constant association of the sexes in public schools, we have at once the explanation of the efficiency of the cause under one set of circumstances, and its comparative powerlessness these circumstances being absent.

It is hardly necessary to indicate to physicians the injurious consequences which may and often do follow from premature womanhood. Among these are menstrual derangements, ovarian and uterine disease, chlorosis, inability to meet without the greatest suffering or even imminent peril the duties of maternity, and exceedingly evanescent beauty, and an early decay of the general system after an imperfect, painful, and incomplete life. The testimony of authors—nay, of individual observation—is unequivocal. Moreau,* after referring to various causes which hasten the first apparition of the menses, remarks that all these are evidently injurious. They consume, they shorten life ; and if they cause the more rapid blossoming of beauty and love, the flower soon fades, and the brief triumph is dearly bought. Dr. Tilt says it may even be affirmed that races in which menstruation habitually occurs at an early period of life are effete, emasculate, and doomed to be conquered. As of individuals, so of nations it may be said “*Citius pubescunt, citius senescant.*”

If the position taken in this paper be correct as to the injurious influence of the co-education of the sexes, ought we not as physicians to urge the importance of

* Natural History of Woman.

separate schools for boys and girls at least in the higher grades of study? Think too how trying it must be to a bashful, timid maiden—to any true maiden—just when ovarian excitement reaches its acme, and the periodical flow is most abundant, and the disturbance of her nervous system the greatest, to stand up before her female companions, some of whom may recognize her condition, before her male classmates, some of whom may suspect it, and at the blackboard demonstrate a proposition from Euclid, or with trembling hands, blushing cheek, and half-dizzy brain work out the values of x and y in a weary algebraic equation!

The Mosaic laws as to the conduct of woman at her “periods” are too well known to require quotation. Purely arbitrary in part as we may think them, in other part finding in the peculiarities of climate the occasion for their enactment and the necessity for their observance, there still remains in the sacred privacy with which womanhood was invested at stated times much worthy of recognition on account of both health and morals. Once only, so far as I know, have Christian law-givers taken any action as to woman during menstruation: a Council of Nice* forbade her to enter the church at such a time.

Were an essay intended upon female education, I should urge the separate education of girls on other grounds also, especially these. Woman’s work in life is different from man’s. Why then should she be subjected to the same intellectual discipline and culture as man? Rather let her be educated with direct reference to her true sphere in life, to her appropriate duties. Besides, it is doubtful whether girls can be for years in intimate association with boys without some of the former losing more or less the

* There were two General Councils at Nice, one in 325, the other in 787; and I am assured by a most scholarly Roman Catholic friend that neither of these issued such an edict; that it was done by a mere provincial council.

natural modesty which renders them so charming, and is a panoply of their virtue.

i Returning from this digression, and yet speaking still further of the éducation of girls, I observe that the life of a boarding-school is not exempt from menstrual disorders arising from psychical causes. Among these disorders probably amenorrhœa is the most frequent;* and its occurrence is to be attributed, I believe, not to a deterioration of health arising from a poorer diet possibly and less active out-door exercise than the girl enjoyed at home, but to the intensity and constancy of mental exercise. An analogous fact is observed in the case of nuns, renouncing all sensual pleasures, and occupying their minds with religious thoughts and duties, every hour having its allotted work; these at first have dysmenorrhœa, and then partial amenorrhœa.

It can not be doubted that our system of education for girls needs reformation in many respects. It would be foreign to the scope of the present article even to allude to most of these. One or two passages from a work† published in Great Britain in 1840, by the celebrated Dr. Laycock, will be found in a foot-note;‡ and we suggest to our readers that these words, uttered more than thirty years ago in another country, are equally applicable and pertinent to our own and to the present day. A protest ought to be made, however, against the rapidity with

* So common is this affection in boarding-schools that in some of these the sufferers fully believe that it results from a conspiracy between the washerwomen and the cooks—the latter putting alum in the bread to save the former from having soiled napkins to wash!

† *The Nervous diseases of Women.*

‡ “The relations of hysteria to the present modes of education are of great importance. The anxiety to render a young lady accomplished at all hazards has originated a system of forced mental training which greatly increase the irritability of the brain. Sedentary employments, as drawing, embroidery, etc., are followed frequently as amusements to the exclusion of active exercise out of doors. The slow but powerful influences of music, dancing, vivid colors, and odors on the nervous system, but, especially on the reproductive system, is quite overlooked. Three or four hours of severe application are occupied in the acquisition of a brilliant mechanical performance of some difficult and elaborate pieces of music on the pianoforte, which are forgotten as soon as possible after marriage, when it would be least hurtful, or rather most useful.”

which the education of girls is accomplished, and the consequent "cramming" process necessary to accomplish that education in the brief period which fashion and custom allot it. The Strasbourg goose is not worse treated than the majority of school-girls.

While referring to boarding-schools* for girls it may be well to bear in mind that there are perils arising from the association of several of the same sex together which should be recognized by parents as well as by physicians. One evil book, one person, by pernicious practices, suggestions, and imaginations, may work the injury of many. I cannot believe the extravagant language of a recent anonymous author, that these "schools are hot-beds of iniquity."† Even the comparatively temperate language of Dr. Laycock might be objected to by some when he says: "Young females of the same age, and influenced by the same novel feeling towards the opposite sex, can not associate together in public schools without serious risk of exciting the passions, and of being led to indulge in practices injurious to both body and mind."

Where the passions, as suggested by Dr. Laycock, are thus excited, the menstrual derangement most probably will be not scantiness or complete absence, but difficulty or excess of the menstrual flow.

The influence of music in hastening sexual development, or, where this has already occurred, exciting sexual desire—the word sexual is used in its purely etymologic

* Raciborski, in his admirable *Treatise on Menstruation*, Paris, 1868, in speaking of the *hygiene of puberty*, suggests that were a hospital physician to direct the same treatment for all the inmates of his wards, good sense would at once have fears for the fate of the unfortunate patients; but when a certain number of girls having the most different dispositions, characters the most opposite, and organic conditions the most dissimilar, arrive at a boarding school, they sit at the same table, have the same exercise, sleep the same number of hours, and have the same studies, nothing wrong is seen in it!

† This expression is from a volume issued about a year since, entitled *Satan in Society*, a book which has found some readers in the profession, and many in the laity. So far as style is concerned, this book should not be taken as a model. It is hastily and carelessly written. As to the matter, the author has made no discrimination between what the old rhetoricians termed the *dicenda* and the *tacenda*. It seems mischievously sensational, and yet it contains some plain and important truths, which doctors would no well to recognize.

sense—has been mooted. The late Dr. James Johnson pertinently asked: “Is it probably that so potent an excitant as music can be daily applied for many hours to the sensitive system of female youth without producing extraordinary effects? Is it not likely to inflame the imagination and disorder the nerves?”

Raciborski, in his *Treatise on Menstruation* (Paris, 1868), states that science possesses incontestable facts demonstrating the powerful influence of music upon the sensitiveness of the sexual organs. He mentions in detail the successful experiments made about the close of the last century, at the *Jardin des Plantes*, upon elephants in exciting sexual passion by music. Is it not also somewhat remarkable that among the varieties of singing-birds the songsters are male, and that their music is most frequent and beautiful in the pairing season? So too among men, the æsthetic feeling may be more strongly developed under the influence of a first love than at any other time in life; and may manifest itself, if it be possible for the individual, in music. Music is indeed the voice of the profoundest feelings of the heart, and of none oftener, of none in wilder, more passionate utterances than of love; and much of the music which girls are taught is love-music.

The author from whom we derive the fact as to the influence of music upon the genesic instinct of elephants asserts that there is nothing astonishing in this, that the daily exercise of music should somewhat hasten the evolution of ovules in young girls. He further says: “I have known several instances of young girls who, probably under the influence of the physiological activity of the ovaries which precedes puberty, were deeply in love with their professors of music; and on the other hand, those of the latter who thus succeeded in making, pecuniarily, most fortunate marriages.” Possibly some of our

readers have observed facts similar to those referred to by Raciborski.

Probably psychical causes oftener produce amenorrhœa than any other form of menstrual derangement. Some years ago Brière de Boismont stated that amenorrhœa is frequently met with in insane women; and this may persist during the entire period of their insanity, while a return of menstruation very often coincides with convalescence. In some, however, the amenorrhœa persists some months after the cure, and where the insanity becomes chronic it is not rare to see the menstrual flow reëstablished. The pertinence of these facts is sufficiently obvious when we remember how large a proportion of insane females have their mental alienation attributed to moral causes.

Acute suppression of the menses frequently follows some severe mental shock, especially of fear or of grief, while continued sorrow or disappointed love may lead to gradual diminution and possibly complete cessation of the periodical flow. Where the cause is the last mentioned *chlorosis* may manifest itself. The picture of this disorder as drawn by Shakespeare must recur to the reader.

Does it seem strange, inexplicable, that the association of phenomena constituting menstruation should be dissolved or undergo other change under the influence of a mental state? Well-known analogies are not wanting to render such a result probable; *e. g.*, the influence of sorrow upon the desire for food, of bad news upon digestion, of fear upon certain sphincters, etc. So too, if a thought can determine the phenomenon of erection in the male, if a thought too of another sort can dissipate that phenomenon, why may not similar effects follow similar causes in the erectile apparatus of the internal sexual organs of the female? Erection is a part of the antecedent phenomenon of menstruation, the exterior flow being

the final one ; and a mental cause it is probable may stimulate that erection ; a mental cause it is certain may strike at least with temporary paralysis the erectile apparatus. Still more, there is no antecedent improbability in ovulation being directly arrested by a psychical cause, since we find other organic processes thus affected ; but even were this hypothesis denied us, we would still have the explanation that an indirect arrestation necessarily results from an abolition of erection.

As to the influence of mental shock in causing amenorrhœa, it is hardly necessary to adduce cases in illustration ; every physician's experience presents him such. There is a passage, however, in Dr. Churchill's well-known work* presenting a striking illustration in this truth. "Almost all women who are sent up to the Richmond penitentiary (near this city), after being at the recorder's court, labor under suppression of the menses in consequence of the mental agitation and distress they have undergone." Still another citation I wish to make—namely, a case from Raciborski—as illustrating the fact that a mental shock may arrest not only the flow, but ovulation as well. It is briefly this : a girl while menstruating is falsely told that her lover has been killed in a duel, and immediately the flow stops. Ten days after she meets this lover, and for the first and only time she permits sexual intercourse, which results in conception, and nine months after to the very day she is delivered. Evidently the ovule had not escaped ; the menstrual orgasm was arrested ; but with the joy of beholding him she believed dead alive, and under the stimulus of coitus, this orgasm was excited again, the temporary paralysis of the erectile organs terminated, and ovulation completed.

There is a form of amenorrhœa, a delay in menstruation, which has been especially described as *amenorrhœa*

* Diseases of Women. Fifth edition. Dublin, 1864.

*from psychological causes.** The two conditions of mind in which this form is met are, first, great desire to have children—as, for example, in some women who marry late in life; and second, the fear of being pregnant—as, for example, when a wife is faithless to her vows, or is specially averse to the martyrdom of maternity and the legitimate increase of her family. This form readily yields, according to the author, to the assurances of the medical attendant, and to the administration of some mildly stimulating emmenagogue.

It has been observed that women possessing what Dr. Felix Roubaud† has termed the *intellectual temperament* are remarkable for their indifference to sexual pleasures, sometimes have quite scanty menstruation, but are especially characterized by the regularity of its recurrence, neither anticipated nor retarded; and this regularity can be explained by the absence of all genescic excitation.

The influence of violent passions of any sort, such as anger or jealousy, so far as it affects menstruation, may induce amenorrhœa, but more probably dysmenorrhœa or even menorrhagia. In the latter cases the sexual system feels the excitement which pervades the entire being, and is thrown into disorder by this general tumult. As to the effect of jealousy upon the sexual organs of the female, there is a curious case, familiar probably to some of our readers, recorded by Cabanis. A medical student, in a violent paroxysm of jealousy, was seized with most painful priapism that continued several hours, during which there were alternately discharges of semen and of blood.

Time is wanting to consider further at present the relations which psychological influences often bear in the genesis of menstrual disorders. Nevertheless there is a passage

* Raciborski. *Archives Générales de Médecine*. 1865.

† *Traité de l'Impuissance et de la Stérilité*. Paris, 1872.

in one of Dr. Laycock's volumes,* both directly and indirectly connected with the subject under discussion, which we beg leave, in conclusion, to present for our readers' consideration.

“ When the attention is directed to any portion of the body innervation and circulation are excited locally, and the functional activity of that portion developed. This is well shown in the common forms of hypochondriasis, in which the patient, being morbidly anxious as to the state of some particular organ—*e. g.*, the heart—he constantly directs his attention toward it, and thus functional disorder and even structural disease are caused. Sometimes this attention is purely automatic, as in a case recorded of a lady who, having witnessed an injury done to the ankle of another, very soon felt an acute pain in her own ankle, which on examination exhibited marks of increased vascular activity, amounting almost apparently to the production of something like purpura; or, in another case, of a woman past the climacteric who, having to assist her daughter during prolonged parturition, experienced uterine pains, swelling of the mammæ, and other similar symptoms. Something analogous to this is a case of a lady treated by Mr. Braid, who drew her attention to her left breast when hypnotized, and thereby caused a copious flow of milk. Or it is like a still more curious case, given by the same author, in which he repeatedly excited the catamenial flow at will in a very few minutes. In short, so well established is this law of relation between capillary activity in portions of the nervous system centrally connected with viscera, and vital states of those viscera, that there can be no reasonable doubt whatever that it may be made the foundation of a scientific method of treating local diseases of all kinds.”

* *Mind and Brain, or the Correlations of Consciousness.* Second Edition. Edinburgh, 1869.

THE VALUE OF ARSENIC IN TREATMENT OF MENOR-
RHAGIA AND LEUCORRHOEA.

By Dr. J. H. Aveling, Fellow of the Obstetrical Society of London, etc. Braithwaite's Retrospect, July, 1872.

“The preparations I have usually employed are two—the liquor arsenicalis, and the arsenious acid in granules, each containing one *milligramme*. This latter is an elegant form of administering the remedy; for, as it has to be taken at meal-times, the granules can be placed on the table-cloth, wrapped in a morsel of bread, and swallowed unobserved. Considerable difference of opinion exists as to the best mode of giving arsenic, some employing large doses in quick succession, and others small, extending over a long period. Aran says: “The rapid mode of administration is better than the long continuance of small doses, because the economy habituates itself to the latter, and the therapeutical effects may be lost; and the proceeding has the additional disadvantage of leading more easily to the saturation of the economy, and consequently to intolerance.” On the other hand, Sir James Simpson says: “Most reliance ought to be placed on small and very long continued doses of arsenic; and it is infinitely better and safer to trust to the curative effect of the long continuance of such small doses of this remedy, than to attempt to arrive at the same result by throwing in larger doses for a shorter time.” Dr. Hunt says: “Large doses taken for a short time produce much distress, without the desired effect on the uterus.” The plan of small and long continued doses is the one which I have always used; and the result has been so satisfactory, that I have never thought of adopting the more rapid method. The doses with which I commence are from two to six drops of the solution, and from one to three of the granules,

three times a day, at meal-times. These are small doses, when we remember that a Styrian arsenic-eater has been known to take as much as five and a half grains of arsenic at once ; but they are strong enough to commence with, and may be increased from time to time as the necessities of the case suggest, and the patient's capability of bearing the remedy permits. It is advisable to suspend its administration occasionally for a short time. This, indeed, may sometimes be necessary, should diarrhœa, nausea, or pains in the stomach, supervene. It is also better not to discontinue the doses abruptly. They should be gradually diminished in quantity, and taken less frequently.

The first effect of arsenic is to improve the digestive powers. The appetite returns ; and often in two or three weeks the patient has improved in appearance and increased in weight. Besides this improvement of nutrition, there is soon evident increased tone of the nervous system. Respiration and secretion are better carried on ; and M. Lollilot has established that ten *milligrammes* of arsenious acid, taken each day, produce lowness of temperature and diminution of urea. The Styrian arsenic-eaters are generally strong and healthy persons, courageous, and of strong sexual disposition. If requested to explain why they take arsenic, they say it is to make them strong and healthy, and to improve their wind in ascending mountains. M. Isnard, in his work on Arsenic in Diseases of the Nervous System, shows that it replaces altogether sedatives, antispasmodics, and tonics, calming pain, spasms, and convulsions, and stimulating depression of the nervous force. For my own part, I think the most valuable therapeutic effect of arsenic is its decongestive action upon mucous membranes.

But, before endeavoring to explain the mode in which arsenic effects a cure in cases of menorrhagia and leucorrhœa, it would be well to examine the primary pathological condition of the uterus which causes them. This

condition is, in a great majority of cases, one of hyperæmia, which has been defined by Andral, the inventor of the word, as excess of blood in the capillaries. Hyperæmia of the uterus may have a physiological or a morbid origin—physiological, when caused by sexual excitement, menstruation, or pregnancy; morbid, when it is the result of pre, or post-inflammatory action, of traumatic, chemical, or morbid irritation, of an atonic, obstructive, or hypostatic cause, or of heat, cold, etc. Of course I do not wish to deny that menorrhagia and leucorrhœa may be produced by polypi, muscular fibroids, cancer, and many other pathological conditions; but I would at the present time draw attention more particularly to those forms of menorrhagia and leucorrhœa which have a hyperæmic origin, because it is in these that arsenic will be found most efficacious. In short, it is the morbid condition, of which menorrhagia and leucorrhœa are but the secondary phenomena, which I propose to treat with arsenic; for, if we can cure the former, the two latter must necessarily disappear. Yet I would not have it understood that these consequent symptoms are to receive no attention. Both must be checked when excessive. All gynæcologists, however, know how imprudent and injurious it is to stop abruptly discharges which are often nothing more than Nature's method of relieving the hyperæmic condition of the parts from which they emanate. Hyperæmia of the passive or atonic character is that which is most benefited by the use of arsenic. The uterus, when in this condition, is larger and softer than in its normal state. It is usually tender to the touch, but not always so. To the eye it appears of a deeper red than is natural. After death, the capillaries are found dilated, and the tissues tinged with red. Unlike the color produced by inflammation, however, this redness can be removed by careful washing. A patient coming to you with her uterus in the state just described, will in addition to a host of other subjective and objective

symptoms, most probably complain of the too frequent recurrence of the catamenial period, of the excessive discharge at that time, and, in the inter-catamenial period, of persistent and distressing leucorrhœal flow. Now, in such a case as this, I should commence by administering two drops of the liquor arsenicalis, or one granule of arsenious acid; three times a day, at meal-times. This dose I should continue for a fortnight. If, at the end of that time, no conjunctival irritation had displayed itself, I should increase the dose to four drops of the solution or two of the granules; and then again, after another interval, to six, eight, ten, or even more drops, or granules in proportion, watching the patient, and being guided by her tolerance of the remedy.

Besides the general effects of arsenic already alluded to, the first result of this treatment will be the lengthening of the inter-catamenial period; and it is remarkable how gradually this is sometimes extended, one or two days being only gained at a time. By persisting in the remedy, however, the interval will become greater until it arrives at its normal duration. Occasionally the progress is more rapid, and the proper interval is at once attained. Besides the improvement in this respect, the amount of the discharges will gradually decrease, and in like manner all the other hyperæmic symptoms disappear. I have never found it necessary to administer large doses, and cannot remember ever having produced any of the premonitory symptoms of arsenical poisoning beyond that of conjunctival tenderness. I have been obliged, however, to continue the remedy for several months, and have had to recur to its use more than once, when the hyperæmic symptoms have reappeared. In some cases, an excessive leucorrhœal discharge has the effect of supplanting the catamenial. In these the cure of the former has the result of removing the amenorrhœa. The late Dr. Wright says: "Arsenic has succeeded in my own practice when a long

succession of other remedies has previously failed to induce or re-establish menstruation." If I am asked to explain what is the therapeutical action of arsenic in these cases, I frankly own my ignorance, and admit that, like many other medicines, I use it empirically, and patiently await the explanation which science may some day be able to give. Theories are not, however, wanting. Dr. Hunt, judging from the fact that inflammation of the genital organs has been produced in some cases of arsenical poisoning, infers that the action of arsenic in curing uterine disorders "may be explained by its acting on the mucous membrane of the uterus as a stimulant." Dr. James Begbie, believing the uterus to be affected in its functions and structure through rheumatic and other morbid conditions of the blood, says that "the efficacy of arsenic resides in its powerful alterative effects upon the blood." Another theory, which, without denying the possible truth of the two foregoing, I feel most inclined to adopt, is, that the arsenic, circulating with the blood, acts upon the vaso-moto nerves of the capillaries as a stimulant and tonic, causing them to contract and expel the superabundant blood. But, whatever theory may be correct, the practical results of the administration of arsenic in menorrhagia and leucorrhœa are most satisfactory; and I shall be glad if these few remarks have the effect of once more drawing the attention of the profession to a safe and potent remedy, by the means of which two of the most common and distressing complaints from which women suffer may be brought under subjection and finally cured.—*British Medical Jour.*, Jan. 6, 1872, p. 10.

AMENORRHŒA, ITS CAUSES AND TREATMENT; ESPECIALLY BY ELECTRICITY.

By William H. Baker, M. D., Harv. Boston Medical and Surgical Journal, August 29, 1872.

We have read with interest the suggestions made and

the cases reported in this JOURNAL relative to our subject ; and these have so impressed us with its importance as to lead to a new investigation of it, both by experiment and by a review of the most recent and the best authorities. The results of this study are given in this article. We will briefly consider the causes of this affection, and the various methods of treating it, particularly that by electricity ; and we will endeavor to show in what class of cases this agent should be employed, what variety of it should be used, and what is the best method of its application.

The term amenorrhœa etymologically denotes “ not to flow monthly ” ; or, in other words, the morbid suspension or non-appearance of the menses.

To understand this abnormal state, we must consider the normal condition which it interrupts. In obedience to a natural law, which we cannot fully comprehend, one or more ovules mature and burst from either or both ovaries, passing into the uterus through the Fallopian tubes, once in about twenty-eight days during the period of fecundity. At this time, under the influence of the ganglionic system of nerves connecting the ovaries and uterus, congestion is produced in the latter as it already exists in the former ; the uterus becomes thereby somewhat engorged, and consequently descends towards the floor of the pelvis. Its mucous membrane being swollen and the vessels thereof enlarged, the walls of the capillaries burst under the excessive congestion, and hemorrhage ensues.

The menstrual flux was not formerly considered a true hemorrhage, but an effort of nature to expel injurious substances, from the accumulation and retention of which very deleterious consequences were feared. But it is generally received by physiologists of our time, and proved by microscopic examination and chemical analysis,

to be a veritable hemorrhage; and therefore the former apprehensions of danger from the postponement of the menses beyond the age of puberty, or the time of their periodic return after it, are shown to be groundless.

Amenorrhœa, as previously indicated, is an anomaly of this function, an abnormal state of the organs concerned in menstruation. In the works of most writers, prior to a period comparatively recent, it was treated as a disease, and considerable space devoted to it as such, and to other diseases which were thought to follow and to be produced by it, the effect being substituted for the cause. But the riper experience and the more advanced scientific knowledge of to-day attach to it only a symptomatic importance, and treat it as to the disease that produces it rather than the effect produced by it, since it is itself a result of an abnormal condition of these organs, of the blood, or of the nervous system—all of which should be in a state of perfect integrity.

It is more common in the higher than in the lower classes of society, on account of the frequent retirement of the former from those activities and habits of life which contribute to the health and vigor of the body.

Causes.—One of the best classifications of these, for precision and completeness, is that given in the admirable work of Prof. T. G. Thomas. To this we have made one or two additions.

“*Abnormal states of the organs of generation:* as the absence of the uterus or ovaries, rudimentary condition of either or both of these, occlusion of the uterus or vagina, metritis or endometritis, superinvolution, pelvic peritonitis, atrophy of both ovaries,” fibrous tumors of the uterus and cystic degeneration of both ovaries.

“*Abnormal states of the blood;* as in chlorosis, plethora, phthisis, cirrhosis and Bright’s disease.”

“*Abnormal state of the ganglionic nervous system.*”—This

occurs in "atony from nervous depression, from indolence, luxury, deficiency of fresh air, want of exercise and constitutional disease, as phthisis," and the like.

The most common cause of amenorrhœa are chlorosis or anæmia, and phthisis, which does not prevent the establishment of the menses, because the tuberculous diathesis is not usually developed at so early an age. To these may be added atony of the nervous system from the above-named causes, rudimentary condition of the uterus or ovaries, occlusion of the uterus or vagina, superinvolution, prolonged anxiety of mind, severe hemorrhages from other parts of the body, or long-continued discharges from the various mucous surfaces, or in fact anything which interferes with the proper nutrition of the body.

These causes are more or less permanent and internal; others are occasional and external in their primary source; but their results in turn become the causes of this affection—*e. g.* exposure to cold or wet, sudden fear, excitement and severe sickness. But these are only of secondary importance; for instance, the influence of cold or wet at the period of menstruation may cause a sudden suppression of the flux and produce an acute metritis, which may become chronic, resulting in a permanent amenorrhœa.

Where the causes of this phenomenon are so various and recondite, great skill and thoroughness of examination are indispensable, in order to accurately determine the particular condition which produces the abnormal state, and therefore to distinguish the mode of treatment.

Differential Diagnosis.—Before deciding upon the treatment, as the author above referred to suggests, the practitioner must distinguish this affection from *pregnancy*, from the *climacteric period*, and from *delayed menstruation*,

If great caution is not exercised in distinguishing this affection from pregnancy, a mode of treatment may be

adopted, as we have before intimated, which may be both injurious to the subject and destructive to the fœtus.

Treatment.—This, as previously stated, must vary with the causes producing the affection. There can, of course, be no treatment in cases of the absence of both ovaries, a condition extremely rare.

The *absence of the uterus* is more easily diagnosticated, but is equally beyond remedy, although the symptoms which are usually alleviated by the hemorrhage from this organ, if urgent, may be periodically relieved by venesection. Like the former, this condition is extremely rare.

In cases where a rudimentary or atrophied condition of the uterus or ovaries, or where superinvolution of the uterus, are the cause of this state, electricity, of which we shall shortly speak, affords the most efficient method of treatment.

When occlusion of the cervix or of the vagina exists, a surgical operation is necessary. A case of the first-named class was treated by the author in December, 1871. A brief of the case then made is as follows : K. C. was a native of Ireland, aged 30 years, having been married six months, and until within five months of marriage always strong and well, when, without any known cause, the menses ceased. At each succeeding monthly period the patient had all the usual symptoms of menstruation, except the hemorrhage. Two days before her marriage, being the menstrual period, she had very severe pain, with the discharge of only two or three drops of blood. But from that period to the time when first seen, there was no return of the catamenia. A digital examination of the vagina proved it to be normal ; examined bimanually, the uterus was found not enlarged, perfectly free and movable, slightly retroflexed ; cervix normal as to position, size and consistency ; but no os could be felt. By speculum, no os was to be discovered ; but after several min-

utes' delay a single drop of secretion appeared at the centre of the cervix, showing that there was not a total occlusion of the os. After considerable manipulation, a probe of the smallest size was passed, when the cervical canal was found to be unobstructed, and the cavity of the uterus not enlarged. This was followed by the use of probes of larger size, until an orifice was obtained sufficient for the admission of an exceedingly small sea-tangle tent. The next day, this being removed, the orifice was found so much enlarged as to admit a tent of tolerably large size, which was left in position for twenty-four hours; and, when removed, the first phalanx of the finger could be readily introduced through the os. The patient was not seen again for five months, when she reported herself entirely relieved, the menses having appeared ten days after the last operation, and been regular from that date.

In this case what became of the menstrual flux, which the symptoms warrant us to believe occurred each month? That no such discharge appeared externally is evident; and yet the non-enlargement of the uterus and the subsequent operation proved that there was no blood pent up within the cavity of this organ. Can any one reasonably doubt that this blood, which may have been less than usual in amount, was removed by the absorbents, so active in all parts of the body?

In cases more grave than the above, when the cervical canal is absolutely closed, resort must be had to the knife.

In occlusion of the vagina, occasioned generally by an imperforate hymen or congenital malformation, there is great danger of the death of the patient from peritonitis or pyæmia, in consequence of the operation; the blood which is retained within the cavities of the Fallopian tubes, the uterus and vagina, and which, being suddenly evacuated from the two latter, is forced by the contrac-

tion of the uterus from the tubes into the peritoneal cavity, thereby producing inflammation. There is also danger lest immediately after the evacuation of the blood from the uterus, air should enter that organ and cause a decomposition of the blood remaining there, which, being absorbed, produces pyæmia. As a precautionary measure, the blood should be withdrawn in small quantities and at considerable intervals, care being taken to avoid the entrance of air.

When endometritis, peritonitis, fibrous tumors of the uterus, or cystic degeneration of both ovaries are the causes of amenorrhœa, they, and not it, should be treated.

When this affection is dependent upon chlorosis or anæmia, these should be first treated by generous diet, exercise in the open air, and the various preparations of iron; and when by these means the system is brought up to its normal standard, if menstruation does not take place spontaneously, it may be promoted by the application to the uterus of a local stimulus, as of electricity.

On the contrary, where amenorrhœa results from plethora, a restricted diet, activity, free air, and even venesection may be found beneficial. Nature itself suggests the propriety of this latter course, since when the menses are interrupted or very much diminished for any considerable period, hemorrhage often takes place from some other part of the body—as from the lungs, stomach, intestinal canal, mucous membrane of the nose or mouth, from the skin, or whatever part may have been most reduced. The greater impulse of the heart and the quickened circulation which always exist at such times in sympathy with the congestion of the organs of generation, increase the pressure against the walls of the vessels and rupture them at the point of their greatest weakness. In these cases of vicarious menstruation the hemorrhage is commonly more copious than the catamenial flow, and

it is apt to induce an anæmic condition requiring the administration of the tonics before mentioned.

If *phthisis, cirrhosis or Bright's disease* be the cause of amenorrhœa, these affections should receive our treatment, for under such circumstances the normal hemorrhage from the uterus would only be a source of additional weakness.

When this condition results from an atonic state of the nerves, the use of nervous tonics, as *nux vomica*, *strychnia* and similar drugs, is indicated, together with exercise in the open air, liberal diet and the general application of electricity, to be spoken of hereafter. When these have sufficiently elevated the tone of the system, emmenagogues may be useful, foremost among which is the local application of electricity. Other local stimuli which may be advantageously used are the passage of the sound, the introduction of the tent, cupping of the cervix, stimulating enemata and hot baths. These means not only act upon the uterus, but often promote ovulation.

Treatment by Electricity.—In this branch of our subject it will aid us to classify the methods for the application of this agent, and its results, according to the mode of its generation and use, into statical, galvanic and Faradic.

Statical or frictional electricity has been employed in medical science for more than a hundred years. But early in the present century it began to be supplanted by galvanism, and still later by electro-magnetism, on account of the inconvenient size of the electrical machine, the influence of the weather upon its action, the difficulty of regulating the quantity required and of applying it only at the precise point where it was needed. For these reasons its use is now generally discontinued.

Galvanism dates from near the close of the last century, and in the very beginning of the present the discovery of the Voltaic pile introduced it to medical science.

But this apparatus was soon superseded by the galvanic battery, which is now in general use.

The continuous current is specially applicable to cases in which there is a want of proper development of the uterus or ovaries, or in which there has been an excessive structural change of the same, as in atrophy of both or superinvolution of the former, and perhaps in some other cases, which the practitioner will readily recognize.

A case is here introduced which came under the personal observation of the writer, and which shows how this current may succeed where other modes of its application fail.

A. D. was aged 20 years, single, domestic, and a native of Ireland. She had been in a chlorotic condition; but this state had been so far corrected in August, 1871, that it was thought advisable to apply electricity as a local stimulant. The menstrual flow had never appeared but once, and then about a year previously; but it continued only one day. Upon bimanual examination, nothing abnormal was found. The Faradic current was applied externally—one electrode to the sacrum, the other to the pubes for five minutes on two successive days, with no marked effect. Five days afterwards, the galvanic current with six cells of Storer's zinc and carbon battery, was applied externally to the same points for five minutes. This produced, on the same day, pains through the pelvis, with slight hemorrhage from the genitals. The application was repeated the next day, and the flow became natural. Unfortunately, after this the patient was lost sight of, and therefore, the permanent result could not be ascertained.

In this case, why did the continuous current succeed where the interrupted failed? Was it not due to catalysis—that is, to the action of this agent upon the bloodvessels, dilating them, quickening the circulation, and thereby bringing about the flow?

Faradization has but a slight effect upon the sympathetic nerves, which supply the ovaries. Galvanism, however, has a powerful effect upon them; and this, as we have just intimated, is probably the reason why we failed with the former and succeeded with the latter.

But in all cases where galvanism is employed, caution must be exercised: *First*, not to continue the application too long, and thereby produce exhaustion and collapse; the proper length of time is from three to five minutes; *Second*, lest too great a persistence in a uniform direction of the fluid should destroy the tissues at the point of application by its caustic action, a result which can be realized only by a very strong current, and which may be avoided by a reversion of it once in from thirty to sixty seconds; *Third*, for reasons just given, too strong a current should not be used. The proper quantity may be ascertained by the galvanometer.

Proper Mode of Application.—In the use of the galvanic battery, one electrode should be applied to the lower portion of the spine, whence proceeds the nervous supply of the parts requiring treatment; the other, either externally to the abdomen in the region of the uterus or ovaries; or internally, directly to the cervix or to the interior of the uterus.

A very convenient instrument for applying the continuous current is the galvanic pessary of Sir J. Y. Simpson, modified by Dr. Noeggerath, and still further by Prof. T. G. Thomas. If the use of this pessary causes excessive irritation, the instrument must be temporarily withdrawn and the current from the battery substituted.

It is not yet decided whether the beneficial results of this pessary are to be attributed to the mechanical effect of the metals or to the chemical action of the current—a question which, it is to hoped, progressive science may ultimately decide.

Electro-magnetism was first used in 1832 by Faraday, whose name it now generally bears. It was soon after applied to medical science, and re-animated the whole department of electro-therapeutics on account of its special adaptation as a remedy for certain phases of disease, because from the greater tension and diminished volume of its current, it has been found specially applicable to cases where its effects are desired upon the muscles and vaso-motor nerves.

The cases, relative to our subject, in which Faradization is of the greatest benefit, are those of acute suppression of the menses, resulting from undue exposure to cold or wet, from strong mental emotion, and in other cases requiring a local stimulant. It is also useful where an atonic state of the nervous system exists. In many of these cases it should be administered in connection with some other therapeutic agent, as the various tonics, for example.

Proper Mode of Application.—Many writers give the following rule:—One electrode should be applied to the lumbar region of the spine, the other to the hypogastrium. This may be true as a general law, but it requires more minute specification. This rule is correct where the electricity is from the secondary inductive coil, because in this case the course of the current is changed at each interruption; and it makes no difference in respect to the uterus which electrode is applied to either point. But this rule does not apply where the electricity is from the primary inductive coil, because here the course of the current is not changed; and experiment proves that the positive pole should be applied to the lumbar and the negative to the hypogastric regions, in order that the fluid may pass in the same direction as the nerve fibres.

It is advisable first to try this external application, on account of the facility of its use, and for the sake of

sparing the delicate feelings of the patient; and it will commonly be found sufficient. But if this is not effectual, resort must be had to its application to the cervix or even to the fundus of the uterus. The advantage of the internal application to the cervix over the external, results from the absence, in that part, of nerves of sensation, and from the consequent opportunity of using a stronger current and applying it to the desired point.

We have an appropriate illustration in the case of M. B., a seamstress, married, who entered the Boston City Hospital, and became the patient of Dr. J. G. Blake, March 25, 1871. The patient had suffered from the symptoms of anæmia since the birth of her child, two years previously. Upon examination, the uterus was found retroverted, but not specially enlarged, and perfectly free and movable. She was immediately put on tonic treatment. Two weeks after entrance, catamenia appeared, though very slight; none subsequently for three months, although for some days previous to her expectation of it, the usual emmenagogues, and external stimulants to the parts were used. During this third month she had so far recovered from the anæmic state that between the periods when the menstrual flow should have appeared she was comparatively well. On the 5th of July, when the catamenia was expected, until the 8th, Faradization of the fundus of the uterus was practised by the author at the request of the attending physician. A current from the secondary inductive coil, sufficiently strong to produce a pricking sensation in the hand of the operator, was used. The positive electrode was applied to the lumbar region and the negative to the fundus of the uterus.

If any inquire why we did not, in this case, first apply electro-magnetism externally, our answer is found in the advanced state of the catamenial period and in the sever-

ity of the symptoms of the patient. After the second application for five minutes on two successive days, the menstrual flow appeared, and in a few days the patient was discharged from the hospital, "well." She was seen again after nine months, and reported perfect regularity of the menses from the last application.

Brief of other Cases.—The value of these would, in many instances, be greatly enhanced if the causes could have been more fully stated.

We are indebted to Dr. Francis Minot, of this city, for the three following cases in his own practice.

March, 1871. Mademoiselle M. had been regular until eleven months ago, when catamenia ceased without known cause. On the 13th, 14th and 15th of the month, electricity was applied through both hands and from one hand to the opposite foot for five minutes. On the 16th inst., patient reported that the catamenia appeared on the previous evening, in the most natural manner, and still continued.

June, 1867. A. B. had perfectly normal menstruation ; none subsequently for sixteen weeks ; cause of cessation unknown. On Oct. 2d, electricity was applied through both hands, and on the two following days it was applied in a similar manner, and also from each hand to the opposite foot, the current being reversed. On the evening of the latter day the catamenia appeared.

Another case also occurred without known cause. The last menstruation was perfectly normal in time and amount. But here electricity was applied in a similar manner as in the previous cases, yet without any effect.

Dr. Golding Bird reports twenty-four cases treated by statical electricity, the current being passed through the pelvis from the sacrum to the pubes, at intervals of from two to three days. The result was cure in twenty cases, the remaining four being chlorotic.

Drs. Beard and Rockwell report fourteen cases with these results :—eight cured ; one approximately recovered ; and five not benefited.

Dr. Althaus in his remarks on amenorrhœa reports one case in his own practice, treated by Faradization, which resulted favorably. He also quotes from the *New York Journal of Medicine* of 1844 a remarkable case in the practice of Dr. Le Conte, of Georgia, in which a negress, 70 years of age, in whom the menses had been absent more than twenty years, was treated by thunder and lightning from the Almighty's battery, one charge from which brought on the menstrual flow, which continued regularly for the two succeeding years.

Thus, each form of electricity has its specific action and produces its specific results ; and, therefore, the cause of the affection should be sought and well understood in order to apply the agent appropriately.

THE DIAGNOSIS OF PELVIC SWELLINGS.

Delivered at the Hospital for Women. By Heywood Smith, M. A., M. D., Oxon. *Lancet* for September, 1872.

1. The normal pelvic swellings may be thus enumerated—(*a*) the bladder full ; (*b*) the uterus unimpregnated ; (*c*) the uterus impregnated ; and (*d*) the rectum loaded with fæces.

2. Abnormal pelvic swellings were considered in relation to the various organs and tissues involved, and embraced swellings connected with the bladder, the uterus (fundus and cervix), the ovaries, the oviducts, the broad ligaments, the vagina, the rectum, and, finally, any swelling within the pelvis that had not been included in the above list.

Among swellings connected with the bladder were

mentioned and illustrated calculus, abscess, cancer, cystocele, foreign bodies, etc. In diseases of the uterus the cervix uteri is the portion which most often shows itself as a pelvic swelling, especially in its state of cancer of various forms, chronic inflammation with deposit, engorgement with elongation of the cervix uteri, polypi of various kinds, and the occasional malformation of a double uterus. Cancer of the cervix uteri in its early stage has, in the form of scirrhus, to be differentiated from indurated (benignant) deposit in the labia uteri, and in the form of epithelioma to be separated from rodent ulcer, syphilis, and granular inflammation seated upon a hard basis in the cervix.

For the diagnosis of these several maladies, it is not merely requisite that the different morbid appearances should be most carefully observed, but also that the histories of the cases should be most accurately gone into and traced, so as, if possible, to make the diagnosis tolerably certain by the very history, and almost independently of any examination. The cases of induration of the cervix uteri present a hardness often circumscribed, occasionally involving the whole of one lip. In these cases the submucous hardness seems to lie at a somewhat greater depth below the membrane than does the hard tissue of carcinoma.

Sometimes diseases affecting only the body or fundus uteri present themselves per vaginam as pelvic swellings. Cancer of the fundus unassociated with, or, in fact, secondary to, carcinoma cervicis is rare; yet when it does occur it may be mistaken in diagnosis for fibrous tumor. The cervix high up or the body is felt to be bulging and hard, not very tender; the os uteri not patent; no discharge; in fact, the case may lack the characteristics of cancer. The history, too, may not be much help, for women will often live for several years before they find

out that they are the subjects of fibrous tumors; and in cancer, in some cases, the disease may advance some way with scarcely any pain and without discharge. In such a case the passage of the sound will generally reveal the nature of the swelling; for when it touches a cancerous mass some bleeding is usually set up, and doubtless, at the same time, some pain too. Should, however, the diagnosis be not even then cleared up, the lips of the womb should be divided freely bilaterally, when cancer would reveal itself by being forced through the os uteri. A fibrous tumor might also thus, under certain circumstances, be forced through, or rendered amenable for exploration; and in that case division might enable further remedial measures to be taken. In the case, however, of fibrous tumors the history should be taken into consideration, as these may exist without much evidence of their presence for many a year. While speaking of uterine fundal swellings, it may not be out of place here to mention chronic inversion of the uterus: a condition liable, without due care, to be mistaken for a polypus; but the passage of the sound, disclosing an invagination of cervical tissue, determines the solution of the difficulty.

(To be continued.)

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[No. 4.

PROCEEDINGS OF THE SOCIETY.

[Reported by Horatio R. Storer, Secretary.]

SEVENTY-THIRD REGULAR MEETING, MARCH 19, 1872.

The seventy-third regular meeting of the Society, was held on March 19, 1872. Present, Drs. Warner, Hazleton, Weston, Greeley, Martin, Bundy, Bixby, Perkins and H. R. Storer; and Dr. Ross of Hudson, Mass., Corresponding Member. In the absence of the President, Dr. Martin was called to the chair. The records of the last regular meeting and the fifteenth special meeting, held on March 9, 1872, to investigate the subject of Animal Vaccination,* were read and accepted.

The Secretary read a letter from Dr. Henry A. Ellis of Hamburg, Pa., acknowledging his election as Corresponding Member. A large photograph of Dr. C. C. Cox of Baltimore, Corresponding Member, was exhibited, which Dr. C. desired to be substituted for the smaller

* See this Journal for April and June, 1872.

one already in the possession of the Society. The following donations to the Library were announced: from Prof. A. Gusserow of Zurich, Dr. Paul Zweifel's monograph, upon ovariectomy, from cases in the Gynæcological Clinic at Zurich: and his paper upon "metamorphosis of the foetus," and from Dr. Pamel DeMarmon of Kingsbridge, N. Y., his Medico-Legal considerations upon Alcoholism.

The Committee upon Membership having reported favorably upon their applications, a ballot was taken and the following gentlemen elected active members of the Society. Drs. Israel Thorndike Hunt of Boston, and J. W. Keniston of Cambridgeport, late Assistant Physician to the Butler Hospital, for the Insane at Providence, R. I. Dr. Bixby read a letter from Judge Gunning S. Bedford, of New York, acknowledging the vote of thanks of the Society, for the way in which he had charged his juries in late cases of Criminal Abortion. Dr. Storer having stated that Judge Bedford was a son of an Honorary Member of the Society, the late Dr. Bedford of New York, it was moved and seconded, that the Judge be requested to send his own photograph, for preservation in the collection of the Society. Dr. Bixby exhibited several ounces of an opaline serum removed by him, since the last meeting, by the

OPERATION OF OVARIOCENTESIS VAGINALIS,

and read a paper descriptive of the same.

[Dr. Bixby's article was published in the *Journal* for June, 1872.]

Dr. Storer remarked upon the interest of the case just reported; so far as he was aware Dr. Bixby's was the first operation yet performed in Boston, for vaginal paracentesis. In remarks at a previous meeting of the Society Dr. S. had discussed some of the conditions justify-

ing and against this operation. A cystic ovary usually most rapidly enlarged towards the point of least resistance ; unless it were prevented by adhesions, its tendency therefore was toward the free space of the abdomen and the pelvic portion of the organ was therefore liable to be diseased, and more or less vascular. To pierce such a structure as would ordinarily be necessary in attempting to supply a cyst from the vagina, would be at the risk of severe if not uncontrollable hemorrhage. Dr. Storer exhibited the nymphæ and clitoris of a patient upon whom he had that morning operated, the case being one of

EXCISION OF VULVAL EPITHELIOMA.

An old lady of seventy or thereabouts, from Kingston, N. B., had for many years been suffering from disease of the external genitals, which had gradually increased in severity, until for the last ten years, she had been confined to the bed. The passage of urine and attempting the sitting posture were both attended by exquisite suffering. While at home the diseased portions had been treated by caustics, and a portion of one nymphæ removed by ligature, but without benefit. Previously to operating, Dr. Storer had seen her with Dr. Warner some three or four times, but affording no relief from what seemed the most appropriate applications, he had called Dr. Wigglesworth in consultation. Excision being decided upon, he had removed, with Dr. Wigglesworth's assistance, the whole upper arc of the vulva as now exhibited, employing scissors, rather than the bistouri, as causing less hemorrhage. A few insignificant vessels were closed by torsion, and despite the patient's age, an attempt was made to secure closure together of the whole wound, and union by the first intention, and he should not be surprised if the attempt proved effectual, and with-

out undue closure of the vulval orifice. Splints or quills of iron wire made from long hair pins bent and twisted upon themselves were employed, and upon these four deep and double sutures were passed, and some seven superficial ones secured together the external edges of the wound. The patient, old as she was, bore the anæsthesia kindly.

Dr. Hazelton inquired if any of the members had employed fenic acid as an external application for epithelial disease.

Dr. Storer exhibited, for the purpose of calling attention to the importance of the subject, a clot he had that day removed from an

ANAL THRUMBUS.

The case was but an illustration of a very frequent disease, often wholly misunderstood, and wrongly treated. The lady had suffered as she supposed from ordinary hemorrhoids, and had suffered an operation necessary for their removal. The pain that had been present was often intense. Upon examination Dr. Storer had found two little dark colored and tense tumors just at the verge of the anus, which, upon being incised, gave exit to a comparatively very large and firm coagulum, with the effect of immediate relief. He had seen many cases of this character where physicians had allowed the poor patient to suffer for an indefinite period, or to find that any operation must be severe if not dangerous.

Dr. Martin knew of hardly any disease more frequent or attended with greater suffering when unrelieved.

Dr. Warner had seen these thrombi contain a clot nearly as large as the thumb. When split and discharged by pressure with the thumb nail, the relief was almost indescribable.

Dr. Martin remarked that this affection was but another of which he had commented upon at a previous meeting; the frequency of rectal disease, and the gross ignorance of many general practitioners regarding its treatment.

Dr. Warner was certain that in a great many instances rectal cases were kept much longer under treatment than was at all necessary. He had often seen conditions that the attendant had worried over ineffectually during consecutive visits, where all that was necessary to effect a cure was to rupture the sphincter by a moment's forced dilatation and a single proper local application.

Dr. Martin mentioned as an illustration of the rectal skill of general practitioners to which he has alluded, a case of hemorrhoid from New Bedford, in which he had been lately consulted. There existed hypertrophy and partial prolapse of the rectal mucous membrane as a result of the long-continued irritation, and the patient had consulted many physicians before seeing him. Dr. Martin advised an operation, but his previous attendant objected upon the ground that "ten out of every twelve operated upon for hemorrhoids died," many of them upon the table, a statement that only showed the ignorance of the person that made it.

In another case from Manchester that had fallen into Dr. Martin's hands there had been a similar history. There existed surgical lesion, and the island attendant had pronounced that interference would be almost necessarily fatal. Anxious to take even a small chance of relief the patient had come to Boston expecting to die at the "Massachusetts General Hospital," but consulting Dr. Martin, and having a small cystic collection of fluid discharged by him, immediately returned home cured.

Adjourned.

SEVENTY-FOURTH REGULAR MEETING, APRIL 2, 1872.

The seventy-fourth regular meeting of the Society was held on April 2, 1872. Present, Drs. Warner, Bixby, Cutter, Martin, Blake, Greeley, Field, Hazelton, Hunt, Keniston and H. R. Storer. In the absence of the President, Dr. Warner was called to the Chair.

The records of the last meeting were read and accepted.

The Secretary read letters in acknowledgment of their election as Corresponding Members, from Drs. C. Rockwitz of Cassel, John D. Jackson of Danville, Kentucky, S. C. Busey of Washington, D. C., John Ashhurst, Thomas Hay, William Goodell, H. Lenox Hodge and J. Stockton Hough of Philadelphia, and Charles C. Lee of New York.

The photographs of Drs. Hay, Goodell and Jackson, added to the Society's collection, were exhibited, and the following donations to the Library were announced: from Dr George Johnston of Dublin, Master of the Rotunda Lying-in Hospital, the Third Clinical Report of that Institution; and from Dr. Alfred Meadows, of London, his papers upon Extra-Uterine Gestation, Pelvic Hæmatocele, and Biological Science in relation to religious belief.

Dr. Cutter exhibited a new form of

VAGINAL DILATOR.

He had first employed it in the following case, which he had been called to by Dr. Harlow of Woburn. It was one of complete atresia vaginæ in a girl of fourteen. Five years before, she had had an attack of diphtheria, and from this he was inclined to suppose the present disease had originated, by the false membrane becoming

organized. The general health had materially suffered. Dr. Harlow had forced a small opening with a pocket probe, with the discharge of fetid pus. Fearing to occasion septicæmia he did no more at the time, but applied to Dr. Cutter for a dilator. He was advised to use the one now exhibited, which had been contrived for the larynx. It was found to answer well. Washes of carbolic acid were employed, and the menses subsequently appeared for the first time.

Dr. Blake wished to know what Dr. Cutter thought had been the origin of the pus. Did he suppose that the atresia could have occasioned it? Dr. Cutter supposed it had been from retention of the secretions.

Dr. Blake thought that this should hardly have been allowed to occur when so many remedies were at command.

Dr. Warner said that when one feared septicæmia from a purulent collection, the safest way was to freely discharge it.

Dr. Cutter replied that Dr. Hodges of the Massachusetts General Hospital had reported that all cases of vaginal or uterine retention operated upon at that Institution had died.

Dr. Blake stated that he had known of several instances of the kind at the Massachusetts General and City Hospitals. One of them died of peritonitis; in another case, apparently successful at first, the vaginal closure returned; a third, operated upon by Dr. Gay, remained in the hospital for three months, bidding fair at first to be successful, but it eventually proved not so.

Dr. Cutter inquired if death in these cases resulted from the admission of air.

Dr. Blake did not know whether this was the case or not.

Dr. Warner asked if in the cases of menstrual retention

reported by Dr. Blake, pus was found present at the time of operation.

Dr. Blake replied in the negative.

Dr. Warner thought that the case reported by Dr. Cutter was merely one of imperforate hymen.

Dr. Martin asked upon what ground Dr. Cutter supposed it to have been the effect of diphtheria.

Dr. Cutter had imagined that adhesion of mucous surfaces might occur under any conditions of inflammatory disease.

Dr. Martin reminded him, on the other hand, that in diphtheria all the conditions were opposed to adhesive inflammation. Such, indeed, could not occur.

Dr. Blake thought that it might take place subsequent to the period of slough, as there would then be two opposed denuded surfaces.

Dr. Storer had repeatedly seen instances of what seemed unmistakable diphtheritic ulceration of the vaginal mucous membrane. He was unprepared however, to say whether he had known atresia to result therefrom. With reference to the causation of death after operations for retention of the menses, to which gentlemen had alluded, he was satisfied that its real character was not generally understood. It was time that a very large proportion of the cases hitherto operated upon had died. The late Dr. J. Mason Warren of this city, who had had a larger experience in this operation than any other surgeon in New England, had not hesitated to acknowledge the fact. Dr. Storer had long ago been led to believe, as he had stated at an early meeting of the Society, that this excessive mortality was, much of it, owing to fundamentally erroneous views as to the character of the operation that was required. In their great fear, lest by the admission of air purulent decomposition and septicæmia might be occasioned. Surgeons made as small an opening as pos-

sible for the discharge of the retained fluid ; some, indeed, going so far as to assert that this opening should be valvular. It would be recollected that in these cases not merely might the uterus be greatly dilated, but also one or both of the Fallopian tubes. The retained fluid was also often very thick and tenacious. The moment it began to discharge itself through a minute opening, reflex uterine contractions were often set up, just as occurs at labor or during abortion after the liquor amnii has commenced, and thus it would be seen that portions of the fluid would escape into the abdominal cavity, producing death by shock or peritonitis. It had been Dr. Storer's custom to pursue an exactly opposite course to the usual one. By making a free incision through the vaginal or uterine obstruction, as the case might be, he avoided the dangers to which he had referred. In one case indeed, where the discharge was unusually tenacious, he had gone so far as to wash out the uterine cavity with strong soap-suds, and the patient had recovered.

Dr. Cutter thought that although Dr. Storer's method was so subversive of the usual practice, it was certainly based upon sound principles, and was no bolder than the similar ones, long continued exposure of the peritoneum to the atmosphere after ovariectomy, for instance, and the free opening of large joints, which were now accepted by the profession.

Dr. Martin considered that the old fear of freely opening joints had almost entirely disappeared.

Dr. Cutter said that the same was true of operations upon the cavity of the thorax. He had lately opened one for the discharge of pus by the large incision. Though the wound was still patulous, the patient was doing well.

Dr. Keniston had seen a similar case at Cambridge. Though the opening had been large the patient had rapidly convalesced.

Dr. Storer considered this question of

FREE INCISIONS FOR THE DISCHARGE OF PUS

an important one. It might almost be laid down as the invariable rule for practice. As illustrative of this fact he reported two cases upon which he had operated since the last meeting of the Society. One of them was a large abscess situated in the cellular tissue between the uterus and the bladder, in a young lady from Michigan, and the other a very extensive mammary abscess that had been neglected by the previous attendant.

Dr. Blake could also testify to the advantage of a free opening. He had especially in mind two cases of empyema that he had attended at the City Hospital, and a third case that he had followed with Dr. Gavin. In these cases injections of carbolic acid had been employed and in each case life had been saved.

Dr. Cutter desired to know which course was best to pursue when the abscess was peri-nephritic. He had in one instance made an opening large enough for the passage of his finger, and the patient had recovered. Did not the abscess in these cases sometimes communicate with the intestines?

Dr. Blake replied that it did, and at other times with the pleural cavity also.

Dr. Blake alluded to the series of cases collected by Dr. Bowditch, spoken of at a previous meeting of the Society.

Dr. Cutter asked if in these cases the fluid did not sometimes consist of simply serum, as he had once found in a tumor anterior to the lips.

Dr. Storer replied that Dr. C.'s case had perhaps been one of hydro-nephrosis.

Dr. Cutter thought he could hardly have made this mistake.

Dr. Blake asked if Dr. C. had not passed his trocar into a ganglionic sac.

Dr. Cutter thought not.

Dr. Martin in this connection, would say a few words upon the

TREATMENT OF MAMMARY ABSCESS.

Ordinarily, surgical relief was not attempted to be given until the patient had endured much agony. He had of late treated several cases by a method apparently new. Instead of waiting till the usual period, he had interfered early, while the purulent collection was still small, by passing an hypodermic syringe, perhaps to an inch and a half and thus discharged the abscess, with the effect of arresting the secretion and effecting a cure. He had the impression that this method would succeed in most cases of ordinary mammary abscess, saving much time and suffering. He knew of nothing more unsatisfactory than the usual treatment of multiform abscesses.

Dr. Warner thought that the plan suggested by Dr. Martin seemed a reasonable one.

Dr. Blake thought there would often be difficulty in detecting the presence of fluid at the depth of an inch and a half.

Dr. Martin said that in some of these deep seated cases fluctuation could not be felt, or anything resembling it. The integument was thick and the quantity of fluid comparatively small. One could often however make out a certain amount of tumor, partially fixed and partially movable, and unlike what obtains either in cancer or wen. If waiting too long, nothing could be accomplished by the method described, as the pus would then collect again and again.

Dr. Warner thought that the condition mentioned by

Dr. Martin might often be detected at a very early stage. He had been used to tell patients to poultice and wait. In too many instances, attempts to "scatter" a mammary abscess were productive of a long bill for medical attendance. Dr. W. believed that there was no kind of abortive treatment which could be relied upon. At times, however, he had found it useful to apply powdered camphor with extract of belladonna and cover the breast with oiled silk.

Dr. Martin thought that this might do in certain inflammatory conditions of the gland, but not in that of which he had been speaking, where pus was already present. Pus globules could not not be absorbed; only its fluid portion.

Dr. Warner had intended to limit his statements to the earlier stages of the inflammation, before pus was present.

Dr. Field, in this early condition, had got benefit from continued and judicious strapping with adhesive plasters. He had thus abated what would else have become mammary abscess, and he had limited it when it had already occurred, by evacuating what pus was present, and then strapping.

Dr. Martin thought that gentlemen were talking of a very different state of things than that to which he had alluded. He had spoken of abscess in the gland; they, of it in the cellular tissue. He did not think that iodine, externally applied, did any good in one case out of fifty.

Dr. Cutter wished to know if *veratrum viride* had been employed in mastitis. He had found benefit from it in the early stages, and even in peritoneal inflammation. It acted both as a venous sedative and upon the capillaries.

Dr. Blake had been accustomed to consider that physiological rest afforded the best hope for abscess of the breast.

Dr. Martin had employed belladonna, strapping, and all the other "routine rubbish," and had found keeping the breast at rest to be best of all, which was indeed what was sought by the strapping and its pressure. He sometimes made a sort of adhesive plaster cuirass, and at others a simple handkerchief sling.

Dr. Warner did not like to have the term "rubbish" applied to agents that the profession had found to be useful.

Dr. Martin thought that many of the agents that gentlemen relied upon, for the treatment of whatever disease, did not after all amount to much. Physicians were very apt to become prejudiced in behalf of any favorite method of treatment, as it has been with sarracenia in small-pox for instance. Here in Boston the profession have gone wild over iodine externally for erysipelas, following the suggestion of Davis of London, who used it for whitlow; mammary abscess, corns, etc. Dozens and dozens of Boston physicians have vaunted in print the use of iodine in erysipelas, and Dr. Martin used to think that their great statements must mean something. He had tried it faithfully and found it just like nitrate of silver and no more. Whether used or not, the erysipelas stops after a while of its own accord.

Dr. Cutter referred to the use of ricinus leaves as a galactagogue and asked whether the increased flow of milk was in consequence or not.

Dr. Martin thought it was not necessarily the former. He would instance another similar case. Dr. Buckingham of this city had sent all over the world a statement that syrup of lime was good for rheumatism. Dr. Martin had tested it month after month in some eighty or ninety cases, and it was certainly without effect except that it occasionally produced strangury. His conscience had smitten him ever since for having been so thorough. In

the same way we strap up a breast and give tartar emetic and think it has done good, just as the homœopath order iron and beef tea, and then says that it is his globules that have done the work. If Dr. M.'s method of treating the breast were proved good, it would save a great deal of suffering.

Dr. Warner thought the text-books of the present day very meagre as regarded therapeutics.

Dr. Blake considered them meagre in pathology. By and by more rational methods of treatment would be adopted.

Dr. Martin stated that they nearly all contained cart-loads of stuff admitted merely on the ground of "authority," their writers not being honest enough to express their own opinions.

Dr. Warner said that however that might be, he had now been in practice a great many years, and every year, added to his confidence in the profession.

Dr. Martin replied that Dr. W. misunderstood him if he supposed that he had no confidence in it too. He merely contended that men should study and judge for themselves. For instance, Cullen's old theory of spasm of the arterioles was utterly baseless and yet long served as a basis of treatment. So, on the other hand, ergot was ridiculed sixty years ago as an old woman's remedy, while Brown-Sequard has now proved it to be one of the best in existence. Its gross effect at the close of gestation had, to be sure, attracted the attention of midwives centuries ago, but it was only of late that pathologists had shown the muscular structure of the coats of blood vessels. Langenbeck could never have cured aneurism by stricture of the arterial coats had it not have been for pathologists.

Dr. Warner said that these views had been advocated by one of his teachers when at Geneva.

Dr. Martin replied that then the gentleman was in advance of his time.

Dr. Field acknowledged nevertheless that no class had accomplished so little for therapeutics as pathologists. They try to find out what has been the cause of death without trying to throw any light on a better system of treatment.

Dr. Warner said that this was very true. No wonder that physicians were so often thought "good to tell what ails folks, but not to cure them." The books of the present day certainly lacked as regards therapeutics.

Dr. Martin thought that, of all others, pathologists had been of great assistance to medicine. Else what would it have amounted to. Mere therapeutists were constantly in error. Dr. M. instanced a case of Bright's disease that had been called "watery dropsy," where forty-three different kinds of medicine had been prescribed by one of these "practitioners." He had seen dozens of similar errors in diagnosis, or rather instances of no diagnosis at all.

Dr. Storer suggested that either extreme as regarded mere theory and practice was not so good as a wise combination of both. There was a great difference returning to the subject of mammary abscess in the qualifications of different practitioners. One had a greater delicacy of touch, for instance, and could more readily detect deep fluctuation. He had himself been forced to believe that this, like other forms of abscess, might often be jugulated by deep lancing before the formation of pus. Dr. S. was glad that Dr. Field, as professor of therapeutics at Dartmouth, had been enabled to hear his department so plainly discussed.

Dr. Martin thought that with the exception of a very few agents, the whole *materia medica* might be discarded. He spoke in strong terms of the method of teaching still

too often in vogue. When he was a student at Harvard, Dr. Jacob Bigelow used to lecture on materia medica by simply reading from his own "Sequel," a volume which then used to sell for six or eight dollars, but which Dr. M. had lately seen bid off at auction for the large sum of three cents. As an instance of these precepts put in practice, Dr. Martin related a case in which he had met the same Dr. B. in consultation. It was one of melæna, a large clot had passed, and the patient was already in collapse. There were also present at the consultation, Dr. Fisher, of Edgartown, and the President of this Society, Dr. Winslow Lewis. Dr. B. pronounced the case one of "black jaundice," that would end fatally in a day or two, and advised a grain of opium with half a grain of calomel every four hours, with a blister six inches by ten over the liver, which was afterwards to be dressed with mercurial ointment, this being a free commentary upon Dr. B.'s theory of "Nature in Disease!" Believing that the so-called disease of the liver was altogether imaginary, and that it was foolish to further reduce a patient who was already bleeding to death, Dr. Martin, with the approval of Drs. Fisher and Lewis, gave only iron and beef tea, and the patient recovered. Had the other advice been followed, the patient would have been professionally murdered.

Dr. Field reiterated his statement that pathologists had as yet suggested but few valuable remedies, and had done but little for the real treatment of disease. It was altogether uncertain how much they might accomplish in the future.

Dr. Martin contended that it was hardly fair for Dr. Field to employ the term "pathology," in so limited a sense. It should be used of the study of disease in the living as well as the dead.

Dr. Warner inquired if the practitioners of fifty years ago were not well aware of this fact.

Dr. Martin replied, certainly.

Dr. Storer exhibited a specimen of

EPITHELIAL DISEASE OF VULVA

lately removed by him, and read the following letter concerning it, from Dr. Edward Wigglesworth, to whom it had been submitted for microscopical examination :

“ The epithelial growth is a Papilloma, and answers pretty well to Virchow’s Akrothymion or Condyloma acuminatum. There was increase of connective tissue (slight;) considerable increase in number of the round cells at the base of the papillæ. Hypertrophy of the whole papillæ which could be seen with the naked eye, enlarged pale and crowded together, and the capillary looks obliterated; the cells of the pigment layer of the rete malpighii increased in number. From the papillæ of the cutis shot up the epithelial pillars, which protruded above the level of the skin, and were seen and felt before the excision. These were composed of densely-packed epithelial cells, and represented in some cases sheaths or cylinders from disintegration of their central portions. Cross cuts of the papillæ showed spinous cells, (Stachel cellen.) Above the clitoris the beginning of the process was well shown. So much from a fresh section. I have given it to Fitz, who thought it a very pretty specimen. He will chromic acid, and alcohol it, and make hard sections, and be able to tell me more exactly about it.

“ Strong injections of Hydrg Bichloride often remove these growths by absorption after a time, but I adhere to the correctness of our decision as to excision in this case.

“ P. S. Dr. Fitz says ‘ properly a fibroma ’ will not return.”

Dr. Storer exhibited a well marked specimen of dysmenorrhœal membrane, sent by Dr. Colman, of Portsmouth, N. H.

Dr. Blake exhibited a uterus, from a patient sixty years of age, with a large fibrous polypus attached to the fundus, that might easily have been removed by operation. There were also several smaller polypi. There had been no hemorrhage for many years. He wished to know what was the usual source of hemorrhage in these cases, the surface of the uterus or that of the polypus?

Dr. Storer stated that it was almost always the latter, provided there were no denudations of the uterine mucous membrane, by ulceration or otherwise.

Dr. Bixby thought that incomplete contraction of the uterus would often account for the hemorrhage.

Dr. Blake stated that this could only occur in puerperal cases. Dr. B. reported a second case. It was that of a patient who had been delirious and had been brought to the City Hospital in an insensible condition. She had had one child, sixteen years ago, and had not since been pregnant. At the autopsy, with fatty kidneys and liver, there was dropsy of one Fallopian tube, and also extensive cervical ulceration, extending within the os. He had been struck by the non-appearance of hemorrhage in this case.

Dr. Martin had often been struck by the absence of hemorrhage where it might have been expected. He reported a case where he had removed the hypertrophied cervix by Huguier's operation, the specimen being now in the Warren Museum. The patient had her menstruation till 59, and then ceased. Small pediculated polypi might remain a long time within the uterus without occasioning hemorrhage, and yet this might become severe as soon as they descended. What was the cause of this difference? It could not be from constriction of their pedicle.

Dr. Storer remarked that the difference to which Dr. Martin had alluded was owing to the fact that when polypi, however small, entered the canal of the cervix, they

caused greater irritation and consequent congestion than when lying loose within the uterine cavity, and hemorrhage might therefore be more reasonably expected.

The Secretary read the following communication from Dr. A. F. Carr, of Goffstown, N. H., concerning a case of

OVARIAN DISEASE IN AN INFANT.

“ I examined the body of a female child three years of age on Saturday last, and found a tumor nearly the size of a two quart jug occupying the seat of the left ovary. It was encysted, and contained serum in a semi-fluid gelatinous state.

“ I first discovered the existence of the tumor at the age of fifteen months, it was of good size then. The child was carried to Boston; but was seen by quacks only. ‘It was a knot of worms,’ was one opinion; another, Dr. Newton, assured the mother that it would shortly go off with a diarrhœa.

“ The case was favorable for removal, which was urged and consented to before consulting the wise men of Boston.

“ I don’t know that the case is of any other intent than occurring to so young a child. Do you know of many such cases? There is no doubt but that the tumor was ovarian, of that fact I was particular to satisfy myself.

“ The father of this child was a man of thirty years of age, who had been a hard drinker for ten years; often drunk. The mother was healthy.”

Dr. Bixby reported a case of

VAGINAL OVARIOCENTESIS.

[Dr. Bixby’s communication was published in this Journal for June, 1872.]

The Secretary read the following communication from Dr. Robert P. Harris, of Philadelphia, concerning

HEREDITARY TENDENCY TO HEMORRHAGE.

“ During the closing years of the past, and early ones of the present century, considerable attention was drawn by some of our prominent physicians, to the consideration of the disease known as “ Hæmophilia,” or the hereditary predisposition to bleed. This interest has been again revived in England, by the publication recently, of a treatise by Dr. J. Wickham Legg, which I have reviewed for the next number of the *Philadelphia Medical Times*. In the *New England Journal of Medicine and Surgery*, 1813, vol. 2, page 221, is a report by Dr. John Hay, of Reading, in your State, in which he traces the medical history of a family of bleeders, from Oliver Appleton, of Ipswich, down some hundred years, to that of Jeremiah Hartshorn, of Reading, in 1810, the said Hartshorn having married a daughter of Dr. Swain, one of the descendants of the said Oliver Appleton, probably his great-great-grand-daughter. The account given by Dr. Hay is rather imperfect, especially as regards the family tree, but it winds up in 1810, with the Hartshorn descendants, viz : three sons, who were all disposed to bleed, evincing that the hereditary tendency was still in full force, and apparently not at all disposed to die out.

“ It would be of great interest now to continue the history of this family from 1810, and see what has become of the successors of Jeremiah Hartshorn ; and if possible, also, to obtain that of Dr. Thomas Swain, and Mr. Benjamin Swain, who both married daughters of Mr. Appleton, the former having five daughters, giving a fair prospect of the hereditary continuance of the disease, and the latter having one.

“ I should like to have your assistance in getting some physicians of Ipswich and Reading to continue the investigations of Dr. Hay, and bring the history to the present generation, if the families are yet in existence.

“I am at present engaged, through the aid of a medical brother, in searching out the records of two hæmophilean families in Delaware county, in this State, and hope to report the same before very long to the College of Physicians. Will you do me the favor to communicate with some active physician in Reading upon the subject in question, or if this is too much trouble, recommend one to me, that I may open a correspondence with him.”

Drs. H. R. Storer and Bixby were appointed delegates to the meeting of the American Medical Association, at Philadelphia.

Adjourned.

THE TREATMENT OF UTERINE DISPLACEMENTS FROM
THE STAND-POINT OF A COUNTRY GYNÆCOLOGICAL
PRACTICE; ESPECIALLY REGARDING THE EMPLOY-
MENT OF PESSARIES.

BY JOHN LAMBERT, M. D., Salem, Washington County, N. Y., Corresponding Member.

(Communicated to the Society Sept. 17, 1872.)

I do not propose to refer in detail to particular displacements, and the best methods of treatment; this is unnecessary to the object of the present paper. I design rather to call the attention of intelligent, busy, country practitioners in a cursory and practical manner, to some matters which, I trust, may be deemed worthy of consideration.

I trust that the day is not distant when gynæcological fellowships shall be founded for such men as Peaslee and Storer, who shall devote their ripened years to an exhaustive examination and statement of all that is known regarding gynæcic science and art.

In the meantime, let every laborer in this fruitful field bring in his sheaves, be they large or small; and let us be anxious that only the choice wheat remain after the winnowing.

Our motto should be, *nil propter opinionem sed omnia pro veritate*.

Having carefully noted for twenty-two years the results of other practitioners in the use of various pessaries, having myself had a somewhat extensive experience in their employment for the removal of uterine disease and displacements, and feeling, as I do, that the injudicious and almost unlicensed use of them, both in the city and country, has been justly an opprobrium to gynæcological practice, I desire to contribute something to a more discreet appreciation of the value and dangers of mechanical supports in the treatment of uterine displacements.

Let it be borne in mind that, in discussing the subject under consideration, I refer to views of practice largely applicable to the country where our patients, as a general thing, cannot place themselves under our immediate care, where they are situated at great distances, and consequently cannot always be seen when necessary, and where gynæcological practice is peculiarly and doubly responsible, from the fact that the practitioner is, from force of circumstances, as relates to his professional brethren, placed at the disadvantage of being an specialist rather than a specialist.

The uterus is not maintained in situ by unyielding fibrous bands, like some other organs of the body; but that it may subserve its peculiar function, it is loosely suspended and kept in normal position by its ligaments, the contractibility of the vagina, and the pressure of surrounding organs. Consequently among the prominent causes of displacement are increased volume and weight from whatever cause, relaxation of the ligaments and the vagina, and violent exercise.

After determining carefully what displacement we have to deal with in a given case, our first duty is to ascertain intelligently its causation, and decide, if possible, whether its removal will be followed by a restoration of the organ to its natural position ; or whether we are to treat the displacement and its cause conjointly. It is erroneous, I think, to adopt the view so strongly advocated by some, that to remove the cause of the displacement is to *insure* a return of the organ to its normal position ; or *vice versa*, that to sustain the organ in situ by well-adjusted mechanical support, is *almost always* wise as a means to restore the organ to its normal condition. For six years I implicitly followed the views of practice laid down by that most eminent gynæcologist, James Henry Bennet, in his second edition of "Inflammation of the Uterus." I confined myself to such treatment as I deemed wise to remove the local disease and restore the general health, altogether ignoring pessaries ; and I am sure that I had gratifying success in very many of my cases, although my signal failures in others finally led me to overcome my prejudices against pessaries, and to employ them in cases where before I would have considered their use malpractice.

A case in point, which I was called to treat in 1860, Miss W., æt. nineteen ; severe chronic endometritis, retroflexion and prolapsion ; the vulvæ greatly swollen ; the vagina hot and sensitive ; cervix and fundus very much increased in volume and exceedingly tender to the touch ; cervical canal almost obliterated at the point of flexion ; in bed nine months ; agonizing pain and convulsions obtained during the menses, which occupied two weeks of each month ; extreme emaciation and exhaustion ; hysteria.

She had received heroic caustic treatment under the advice of a distinguished college professor. I scarified

the vulvæ, raised the uterus out of its bed, applied tannin, morphia, and glycerine, and introduced an inflated French rubber pessary, under the *protest* of the former medical attendant. She was relieved immediately, and in two days was able to sit up half an hour. She was brought to my house on a bed, twelve miles. I employed a soft Meig's ring; then a closed lever hardened rubber pessary; dilated with sponge tent, etc. In eight weeks the menses were normal and recovery ensued. In this case the history disclosed a fall from a stone wall at eleven years; severe local symptoms supervened, and increasingly continued up to the date of my seeing her. Menses at twelve. I think, beyond question, a displacement occurred from the fall, as did also the local suffering and early menstruation. The case was overlooked during its earlier stages, and at a later date an error was committed in seeking to remove the sequences of the displacement alone; but success crowned treatment directed to both cause and effect. While of the posterior displacements, retroflexion is said, by Peaslee and others, to occur more frequently in the city. I have found retroversion to obtain in a majority of cases in married women bearing children, whose household duties and the nature of whose employments often require them to rise early from their accouchement, and to engage in just those exercises which most naturally produce this displacement.

In married women not bearing children and unmarried patients, I find cases of retroflexion predominating, largely the result of and associated with a diseased condition of the uterine organs.

In cases of retroflexion appreciable by a digital examination, we usually find the fundus uteri near or lodged in the cul-de-sac of Douglas, and, in a majority of cases, tender to the touch, oftentimes exceedingly so, especially in endometritis. In such cases, we should endeavor to

remove, as far as possible, the accompanying disease by appropriate treatment before resorting unnecessarily to mechanical support. A pessary sufficiently large to maintain the uterus in situ may do, and often does, even in skilful hands, serious harm, and, therefore, as a general rule, should be avoided, especially in country practice where it cannot receive the requisite attention.

In 1867 I saw Miss D., æt. 34, seven miles away; retroflexion; chronic corporeal and cervical endometritis; exceedingly painful and very profuse menstruation; tendency to mental alienation. After months of preparatory treatment, she wore, with comfort and benefit, a closed lever, which I made especially for her case. She travelled with it several thousand miles. She considered herself well, though unwilling to part with the instrument, as there was still a tendency to a return of the displacement on its removal. She had worn it months at a time during my supervision of the case.

April 19, 1870. I found her suffering from fully developed metro-peritonitis. Two weeks before she insisted in carrying a bureau and other heavy articles of furniture upstairs, just previous to the menses. The uterus and pessary were firmly wedged into the Douglas' cul-de-sac. On removing the pessary and repositing the uterus, there was a profuse discharge of dark, thin, and exceedingly fœtid matter.

I ordered carbolized vaginal enemas, fomentations, and adopted the "opium plan" of treatment.

There was a marked improvement in her general condition. On the 25th, the bowels moved kindly, and I was not without hope of her recovery till the 29th inst., when she sank rapidly and died apparently from pyæmia.

The following case additionally illustrates the necessity of caution in the employment of pessaries in country practice:

1870. Mrs. G., æt. 79. Several children ; very fleshy ; in perfect health, except complete procidentia uteri, attended by a considerable prolapsus ani. I sustained the uterus with a hardened rubber ring, the ordinary Meig's ring not being sufficiently firm.

This, with plain and medicated enemas, gave immediate and satisfactory relief. As she had worn pessaries before, and was intelligent, I soon discontinued my visits, she promising to inform me directly on the occurrence of the "slightest inconvenience." Some six months subsequently she reported "heat and slight pain in the lower portion of the abdomen, with some annoyance in passing water."

An examination revealed a segment of the pessary, about an inch in length, posterior to and diagonally crossing the upper portion of the pubic arch, while the remainder of the instrument was deeply and firmly imbedded in the tissues of the vagina.

I removed a segment of the pessary by means of a strong pair of dentist's cutting forceps. Having a wholesome fear of the "suctorial powers" of the female urethra, from recent cases reported from the practice of certain wise men in the East, I was careful to rotate the cut extremity of the instrument nearest it, (the urethra) towards the anus, which was patent, and to which the pessary exactly applied and easily entered.

I continued the rotation until the whole instrument was disengaged from the vagina. It required little adroitness to complete the operation. The vagina contracted subsequently to such an extent that she has had almost no trouble since.

I inclose the pessary as a gynæcological specimen.

An old physician of considerable reputation, as I am informed, visited a certain locality, was waited upon by six ladies who were all found to need concavo-convex

glass pessaries, which I think should never be used under any circumstances. Within two months one of the patients fractured her pessary, perforated the vagina, and died as a result; this being the second instance of the kind which has come under my notice.

I have met with a limited number of cases of mal-position where there has been complete inertia and want of sensibility of the uterine organs, and where the presence of pessaries not only served as a mechanical support, but also as an important remedial measure in arousing the tone and healthy action of these organs.

In 1859 I treated Miss H., æt. 38. Retroflexion; extreme prolapsion; amenorrhœa; in bed nearly fifteen years; a legion of difficulties, not the least of which were the direct sequence of gynæcological charlatanry. I had reason to fear that the uterus was bound down by firm adhesions, as an experienced practitioner had failed in repositing it after a trial of more than an hour's duration, and so difficult was it to move it from its bed. Guiding the sound with my left hand, and manipulating the fundus by means of a probang in the right, I succeeded in passing the sound and replacing the organ, which I sustained by means of a modified Simpson's intra-uterine pessary, and which she wore uninterruptedly eleven weeks. The normal position and lost powers of the organ were restored, and the patient resumed her place in the household as a comfortable invalid.

Every one of experience has occasionally witnessed how rapidly indurations of the uterus melt away under the pressure of a well adjusted pessary, interesting cases of which I might note, but I deem the country physician fortunate who has such a result rather than serious complications.

I have found that patients with short vaginæ, suffering from displacements, are usually more successfully treated

by mechanical support than those of long vaginae. In the former cases, the pessary, if a lever, can generally be fitted accurately to the fossæ behind the ossa pubis and to the upper portion of the vagina posterior to the uterus, and it retains its position with tolerable certainty; while in the latter cases, it is quite more difficult to secure such a result, and we may be forced to content ourselves with such advantages as we can obtain from the elastic ring, which does not distend the vagina laterally to any considerable degree. An almost insuperable difficulty in the management of pessaries in the country, is that our patients cannot, as a general thing, intermit their daily avocations, and it is nearly impossible to avoid frequent misplacement of the instruments and consequent results. Not questioning either the intelligence or successful practice of those who differ from me in opinion, I wish to put upon record succinctly the conclusions which I have reached regarding the use of pessaries. And—

1st. That displacements of the uterus are, in a large majority of cases, either a direct sequence of, or are associated with a diseased condition of the uterine organs—the removal of which, by appropriate treatment, usually restores the uterus to its normal position. The employment of pessaries in these cases complicates treatment, and compromises successful results.

2d. That in a certain proportion of cases of uterine displacements, a comparatively small number, well fitting pessaries, in the hands of intelligent and skilful gynæcologists, are essential to the cure of not only the mal-position, but also of the abnormal condition of the organ which accompanies it. Satisfactory results can hardly be obtained by any other method.

3d. That a pessary of whatever kind, when employed for the mechanical support of the uterus, is a foreign body, liable to do serious and perhaps fatal mischief, and

never should be placed in situ, without great circumspection and close subsequent attention on the part of the attending physician. It has no miraculous power, and its potency for harm is very much underrated.

Different pessaries answer given indications in specific cases, and none should be employed unless the practitioner has a clear notion of just what is needed, and he ought to be able to alter or construct his instruments, if need be. The phraseology so commonly used by some interested writers, the retroversion, the anteversion pessary, etc., as if there were some inherent virtue in this or that particular instrument, is a gynæcological absurdity, calculated to mislead, and touches too closely upon advertising empiricism.

Regarding the different forms of instruments used in the treatment of uterine displacements, I am of the opinion that intra-uterine, or stem pessaries, should seldom be used. They most generally produce a very considerable irritation; cannot be long worn, interrupt the marital relation, and prevent conception. The same objections, in the main, lie against the various modifications of the stem pessary, which substitute a cup or ring for the intra-uterine stem.

Of the various forms of intra-vaginal pessaries in use, I most decidedly prefer, and commonly employ, the closed lever made of hardened rubber (the best known material for pessaries, on account of its lightness; the high polish of which it is susceptible, its non-corrosiveness, and the facility with which its shape can be altered), and the soft, elastic ring made of delicate strips of fine whalebone, covered with pure rubber — a beautiful article of which is furnished by Tiemann & Co.

The closed levers in their various forms, as generally procured, are first made into rings, then moulded. These on being softened in boiling water, or by the heat of the

vagina, as once occurred in my practice, re-assume the circular form, and it is then difficult to manipulate them into the desired shape. If they are greased and heated over a lamp or coal fire, as usually recommended, they are very apt to become brittle and lose their polish. They should be first made oblong, with the ends rounded, one of them more fully so than the other. These on being placed in hot water, become plastic, and are readily moulded into any required shape. In relation to the use of the sound for the purpose of accurate diagnosis and replacing mal-positions of the uterus, I regard it essential, and do not see how we can dispense, and yet, I think the more proficient we become in the "tactus eruditus," the less we shall depend upon it for diagnosis, and in a majority of cases the uterus is restored to its normal position satisfactorily by means of a probang and conjoined manipulation either with or without the use of the speculum, (Sims,) thus avoiding some of the complications which occasionally arise from the indiscriminate use of the sound.

A word of caution to my country brethren who may conceive a bright idea. Several years since, after much thought and experiment, I contrived the plan of one of the most popular pessaries of the present time, which I thought would overcome some of the prominent difficulties in mechanical support of the uterus. The plan was still incomplete in detail and perfection. I incautiously communicated my idea to a peripatetic professional friend (?) who was interested in a number of patents. Two years after, I learned that my *exact idea*, incomplete as it was, had been patented by a mere boy doctor, who could have had almost no experience in such matters. I was informed, by my instrument-maker, that the sales had already amounted to over twenty thousand dollars. I am satisfied that my confidence was misplaced, and that the man whose name the instrument bears, never conceived the idea of it.

UTERINE FIBROIDS.

BY HENRY T. BAHNSON OF SALEM, NORTH CAROLINA.

(Communicated to the Society Oct. 1, 1872.)

No. 1. Mrs. V., æt. 44. The subject of this tumor had been suffering from metrorrhagia and expulsive pains for at least four years before she came under my notice. Eight months prior to my visit she had been informed by a consultation of four physicians that there was nothing more to be done for her,—she must die, etc., and during that length of time she had kept her bed.

I never saw such hemorrhage. The slightest motion, e. g., raising her hand to her head was sufficient to renew it. She was exsanguinated to the last degree. Not one of her attendants had ever examined per vaginam, nor even introduced the tampon to check hemorrhage. I removed the tumor by means of the ecraseur, and she recovered her health in a few weeks' time.

The polypus was attached by a pedicle to the fundus of the uterus, but had been completely expelled from the uterine cavity. Before removing it I could not introduce the sound, but afterwards my finger passed readily through the cervix for more than an inch.

No. 2. Mrs. F. was over sixty years of age. Had suffered for years from neuralgia, latterly affecting the region of the left ovary. My questioning elicited the fact that for ten or fifteen years she had occasionally been troubled with hemorrhage from the vagina, commencing a year or more after the cessation of the menses.

I found a small polypus attached to the lip of the external os uteri, and removed it without difficulty by means of the ecraseur. Two days afterwards a most alarming hemorrhage occurred which I found to proceed from the

point of attachment. It ceased after the introduction of the speculum, and admission of air, and did not again occur. Both at the time of operation, and on discovering the site of the hemorrhage, I applied pledgets of cotton saturated with Monsel's solution (liq. ferri subsulphatis) through the speculum.

No. 3. Mary Nelson, (colored) aged about forty-five, had been suffering for three years with vague pains through the abdomen and limbs. They have never been so severe as to prevent her attending to her household affairs. For twelve months past there has been an increased menstrual flow, and for six months it has occurred every two weeks, lasting from six to ten days. Despite this her appearance is good. Her fear is, to use her own forcible language, "that she is growing shut," being almost unable to evacuate either the bowel or the bladder. The abdomen is enlarged, and the outlines of an irregular tumor can be readily felt, extending from the pubis, inclining toward the left side, to an inch or more above the umbilicus. The finger introduced into the vagina comes upon a firm, smooth mass completely occluding it, about two inches from the introitus. Laterally, it (the finger) passes higher, but not above the tumor.

Under the influence of chloroform the examination is scarcely more satisfactory. My fingers pass above the true pelvis, but I can neither feel the os uteri nor the extent of the tumor.

Under the circumstances I determined to take away the tumor piece-meal, passed the chain up as high as possible, and commenced tightening. The tumor was too tough, and the ecraseur, one of Geurris's best, with which I had amputated a penis, and had already proved, broke by the time the chain had buried itself. Fortunately the chain kept its place, and I was able to guide my scissors with my finger upon it. The section I

made you can observe upon the cut. (I afterwards stitched it roughly together, to preserve the shape of the tumor.) None but those who have operated under similar circumstances (the finger and almost the whole handle of the scissors being completely out of sight) can apprehend the difficulties attending such a procedure, and no explanation could make them plain to such as have never had to contend with them.

The cut surface measured over five inches in its antero-posterior diameter. (The front aspect of the polypus does not appear in the cut.) Upon removing the separated segment, I was able to pass my hand up to the attachment of the tumor, and finding it to consist of a comparatively small pedicle, to the right, (as I stood facing the woman) of which I could pass my finger into the patulous os uteri. I applied my Hodge's forceps, and rotating slightly, my first effort at traction brought the rest of the polypus through the vagina. The pedicle was then severed with the scissors. No hemorrhage followed, but I passed a pledget of cotton soaked in Monsel's solution up to the os uteri, where it remained until the following morning.

The uterus itself was of a very firm consistence; measured by the sound, its cavity was seven centimetres, and was patulous to the finger as far as this could be passed. The dilation of the vagina was extreme. To reach the uterus, without pressing with the other hand upon the abdomen, I had to pass my hand into the vagina up to the middle of the forearm. The distinctly lobulated character of the polypus is a remarkable feature.

To represent this accurately the picture was so taken as to destroy the view of its anterior aspect.

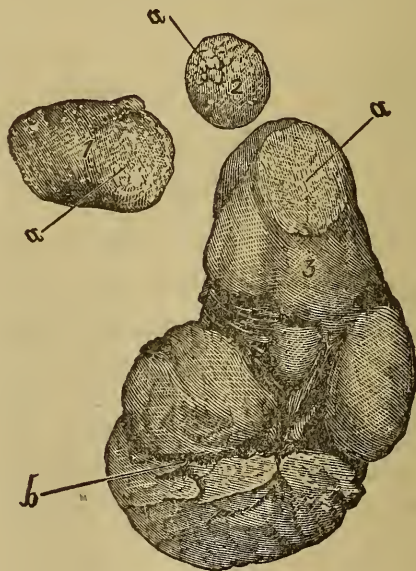
From the woman's account, I judge it had never descended into the true pelvis, as she declared that at no time had she been able to feel anything of the tumor in

the vagina. She had never suffered from expulsive pains, although the bearing down sensation was at all times distressing.

The cut surface of the tumor exhibited but little vascularity, and indeed throughout the operation the small amount of hemorrhage was remarkable.

Its structure appeared homogeneous, being entirely composed of interlacing and crossing fascicles of fibrous tissue, alike firm throughout its whole extent. This was very visible to the naked eye, and I did not deem it necessary to examine it microscopically. I will only add that the woman made a good recovery, and is already fully able to do all her household work.

I was assisted in the operation, which occupied something over two hours, by Dr. Keehlu of this place, and also by Drs. Griffith and Mock of Davidson County. The operation was performed at the patient's house, fifteen miles from here, and Dr. Griffith, whose patient she had been before the operation, kindly attended to her afterwards.*



* The tumor weighed one and one-half pounds avoirdupois.

ON MEDICAL SCEPTICISM.*

BY HENRY AUSTIN MARTIN, M. D., OF BOSTON HIGHLANDS.

(Communicated to the Society March 5, 1872.)

I.—THE GENERAL SUBJECT.

Inasmuch as the structure of the human frame has been so set together by Nature, that it is unable from the continuous flux of particles to remain unchanged; whilst from the action of external causes, it is subjected to influences beyond its own, and since for these reasons a numerous train of diseases has pressed upon the earth since the beginning of time; so, without doubt, the necessity of investigations into the Art of Healing has exercised the art of mankind for many years before the birth not only of the Greek, but of the Egyptian Esculapius; the latter being earlier by a thousand years than the former. And indeed as no man can say who invented the use of clothes and houses against the inclemency of the weather, so also can no investigator point out the origin of medicine—mysterious as the sources of the Nile. There has never been a time when it was not.† So far Thomas Sydenham, and although I had laid out a great number of passages to the same effect, I will not quote them, for endless examination of the outside of that book of the past which is sealed with seven seals‡ would add little to the conviction we all feel that medicine is as old as misery, that the noble, Christlike impulse to comfort and relieve suffering, and the instinct

* The above paper comprises an address delivered before the Norfolk Medical Society at its Annual Meeting, May 12, 1869. The Society voted unanimously (save one vote) to print the address, but the Author for reasons quite satisfactory to himself and in no wise derogatory to the Society, withheld both his consent and his M.S., which now appears for the first time. It will be found interesting in many respects to the Gynæcologist.—EDS.

† Works of Sydenham—Sydenham, Soc. Ed. Vol. i., first paragraph of author's preface to the third edition.

‡ Mein Freund die Zeiten der Vergangenheit, sind uns. ein Buch mit Sieben Siegeln.
Goethe's Faust.

to seek relief were coeval with disease and suffering ; on this instinct and impulse our art is founded, and doubtless, in more or less perfect form, has existed ever since man came into his earthly heritage. Written records of medicine remain to us from the time of Hippocrates, and even somewhat earlier ; these mention other writers whose works have perished. In all these ancient writings we find that to a greater or less extent Theory or rather Hypothesis, has beguiled the author. Men have ever yielded more quick and present admiration to the genius of the theorist than to the careful diligence of true scientific investigation, that careful plodding labor which alone could, or ever can yield increase, and I doubt not that even the antediluvians were as open to flattery, éclat, and admiration, as we their far descendants.

Apart from this however, when the whole region of medical research was so rocky and barren, the means of investigation so few and imperfect, the soil so cold and hard, the entire field of science occupied by huge bogs and swamps, ravines and rocks, of utter ignorance, it was inevitable that to cross some, and climb others, men should have availed themselves of the ingenious bridges and scaling ladders of theory. Rudolf Virchow calls hypotheses, *Fliegende Brücken*, flying bridges, acknowledges that still in scientific research there exists many a difficult place which, for the present, must be crossed by these, or not at all, and only claims that these bridges should be or claim to be but temporary matters ; that no truly scientific physician should be satisfied with any such devices as final, but regard them as confessions of imperfect knowledge, and strive unremittingly according to his ability to substitute the solid *terra firma* of fact, for these, often pretty, but always frail and often unsafe constructions.

It will be very, very long before we shall be able to

dispense with Virchow's flying bridges ; we may be never able to do so, and properly employed and understood, they are indispensable and invaluable. With such necessary aids in our hard, toilsome and almost interminable task, I have nothing more to do ; my business is with another sort of theories ; those hypothetical systems which presume to penetrate the mysteries of God, to explain the inexplicable, to give the reasons of life and its phenomena, those first causes, which in no single instance yet has mortal discovered, which in no single instance shall man ever discover, for the simple reason that far on the hither side of them the Creator has put a bound, to which, and no further shall the proudest and keenest intellect attain. But theories have existed from the very earliest records of our art, in continual succession to our own time, whose authors have deluded many and, very often, I doubt not, themselves with the notion, that each in his turn, has unlocked the vast door, so strong and grim, which has ever barred the secrets of God from his poor and limited but often presumptuous creatures. Few trouble themselves with these extinct intellectual volcanoes, which in their time of activity threw a lurid and delusive light upon the spaces of human investigation, revealing little, and that uncertainly, covering over many truths and the way to many more, with vast heaps of scoria and with their final extinction leaving everything a thousand fold more full of doubt and difficulty. It would perhaps be well, however, if more study and thought were given to the vast and ancient archives of medicine. They would be found full of warnings and far from destitute of the best and wisest instruction. The student would find that almost every possible general theoretic explanation of life and death, and disease, every possible system of medication or non-medication based thereon, had long ago existed, and that new theories are, for the most part, but revivals of old ones.

These therapeutical systems have nearly all had their foundation in some truth, some well-ascertained facts or phenomena, and it is one of the great evils of theories that, with their fall, the often important truths which, erroneously and exorbitantly generalized, have constituted them, are forgotten. The useful part of the labors of many most able and brilliant men has been buried from remembrance in the *debris* of the theory they adopted or invented.

The invincible tendency of all promoters and followers of theory, is to perceive most readily all that, by any process of false or true reasoning, may be made to corroborate their system, and, as invincibly, they fail to notice all that makes against them, and this they often honestly and unconsciously do, though a vice inherent to all but a very few of the very strongest and best balanced intellects. In them are found the extremes both of credulity and scepticism, implicit unquestioning faith in facts and assertions, which may by any process of reasoning, or sophistry, approve their doctrines, a quick self-satisfied and often contemptuous doubt and rejection of all that does or can oppose them. In this way, during the vogue of any theory, biassed and partial observation accumulates vast masses of material in its support, and so it often rapidly gains very extensive credence. Sudden, however, as may be its rise and culmination, its decline and utter extinction is still more rapid and decided. It is very noticeable that the signal for the decadence of any theory in medicine is the promulgation of one directly and diametrically opposite. There is no middle ground for theorists; they believe and doubt to extremes. As all extremes meet, so with utter credulity and scepticism, both are often found in the same individual, and this, as I have before said, though a fault inseparable from the vast majority of intellects. A large proportion of the *quondam* votaries of

the setting sun soon become equally bigoted worshippers of the rising luminary, and with equal piety and industry accumulate and lay upon the new altars their worthless offerings. Among them are always men who never abandon their early faith ; through evil and good report they cling to it, are equally dead and inaccessible to the attraction of the success of their opponents, or to the cogency and persistence of their reasoning and sophistry. Another, a smaller class, and one of far superior order, I speak of theorists, adhere to the ruined temple while it has even the fragment of a shrine, and, when at last they abandon it seek no other. As those who sincerely and thoughtfully, though unwisely, believe in some one of the myriad theoretical systems of theology, that inexact science, which alone is more infested with hypothesis than our own, confounding their system with religion, when at last compelled to forsake their cherished Idol, know nor seek to know any other but doubt and scorn, not only all theological theories, but all religion too ! So in medicine, many of the most ardent and sincere theoretic disciples, torn from their belief, never again place faith in any other, but ever sadly or scornfully, doubt utterly, and are the most complete sceptics of all theories whatever, which matters little, and is indeed a great gain ; but they also totally disbelieve what they have never known, and now will never seek to know, a different and other thing from all theories, the true science of medicine ; to theory what true is to false theology, religion to sect. During all that long historic period of which we know so little, and call the Dark Ages, a darkness, doubtless, a good deal of the ages themselves, and a very great deal too of our ignorance and dark approach to knowledge of them, there was really but one theory in medicine, that of Galen, which Chaucer's "parfight Practisour" so well knew. Century after century was the faith in Galen

unbending and unassailed, *pari passu* with that other wonderful result of human device and wisdom the Church of Rome, it reigned supreme. To doubt Galen was deemed the summit of audacity and folly; for many an age no one even thought to do so. To be wrong with Galen was to be right, and when at last some of the out-works of this marvellous stronghold were attacked, though the men who did it were among the boldest and greatest, they struck timidly and with uncertain strokes. We can form now but a faint conception of the sort, and degree of influence exercised over men's minds, as late as the seventeenth century by the Church of Rome, and the theories of the great Roman physician; but there arose doubts, at first silent and dissimulated, before long they found articulate expression, both of the infallibility of Galen and of the Bishop at Rome. We knew how gradually and even timidly the valiant spirit of Luther approached the question of reform *within* his Church and how much longer it was before he dared even to whisper to himself the thought of schism and separation from it. Dr. Holmes has reminded us that Vesalius, as brave a heart as Luther, far into the sixteenth century, in an admirable work which marked an era in Anatomy and Surgery, dared not depict the pectoral muscles of man as God had made them, and as he well knew them to exist, but as Galen had described them from his dissections of animals *

The reformers in religion and science acted from precisely the same motive, to free men's minds from error and the tyranny of authority, intellectual and spiritual. A common interest and aim brought them together. Not only were the reformers in religion and medicine friends, but sometimes united in the same person as in the illus-

* See Dr. O. W. Holmes' "Currents and counter-currents in Medical Science," p. 9, of the volume of collected addresses. Boston, 1861.

trious instance of Servetus, who doubted not only Galen and the Pope, but an intellectual tyrant worse than either, John Calvin, to whose implacable malignity he fell a victim at last.

The medical practice of the School of Galen was extremely expectant; although his prescriptions were of formidable length and variety of ingredients, the resulting compounds were about as potent as the *sirop de gomme* and the various *ptisans* of *la médecine expectante*.

It was consonant with all experience that one of his earliest opponents should have been Paracelsus, whose theories were as wild as Bedlam, his remedies opium and mercury, his doses heroic and his contempt for Galenism to which he applied the epithet "A Meditation on Death" first applied by Themison, to Hippocrates, supreme. When the Reformation tore the gyves and shackles from the minds of men, they rushed as other prisoners are apt to do, not only into liberty, but the wildest license; sect after sect arose, founded on the most visionary vagaries of theology; so when the spell of Galenism was broken, school after school of medicine sprung into existence whose only foundation was in the most fantastic Hypothesis. From that day to this, sect has been added to sect, theory to theory, and with this increase, atheism in religion, and scepticism in medicine, have increased in direct ratio. Although many theorists have employed medicines exorbitantly, and others condemned them entirely, the discovery of the effects of these substances upon disease, has been rarely due to medical theorists. The discovery of a large proportion of the remedies known to affect the various functions and organs of the human body, to alleviate pain, to modify the intensity, mitigate the danger, and even to curtail the duration of disease, has been due to observation and experiment. Very many of the effects of medicine are

known to have been first noticed by men who were not physicians, nor even dabblers in medicine or philosophy and many more, of whose first use we have no account, may be surmised to have been thus discovered. The Peruvian Bark was discovered to be a specific by the South American Indians, who cured their intermittents by drinking the stagnant swamp-water, in which the fallen Cinchona trees had laid ; a bane and antidote together. The Jesuit Missionaries, possessed by no devil of medical theory, observed the scientific fact, and brought the bark, which for a long time was known only by their name, to Europe. Was this priceless gift to man gratefully received and adopted by the theorists who then ruled the Schools of Medicine ? By no means, but by the most furious opposition, by penal enactments, forbidding its employment, by anathemas innumerable. It is not to any medical theory or theorist that we owe the inestimable remedy by which alone vast fertile regions of the earth are rendered habitable by the European, but to the Missionary Jesuits, and the obstinate persistence of ignorant people in being cured of their agues, even *contre les règles*.

The Ergot of Rye, which has now an assured place in the *materia medica*, was for ages used by German and other midwives before it was brought to the notice of the medical world, and then to be hailed with the most bitter invective, contempt and ridicule. One class of its opponents, denounced it as terribly poisonous, lethal in even moderate doses, while another ridiculed it as totally inert. Cod Liver Oil, which despite the confident prophecies of physicians who had never used it, and opposed it on merely theoretical grounds, and despite its unpleasant qualities of taste and smell, has a great and steadily increasing value in the estimation of the best and ablest physicians, was for centuries used by the peasants of Northern Europe as a domestic remedy, and by them solely.

It is needless to continue this enumeration, very little research will suffice to convince any one that a large proportion of medicines were discovered to be such, outside and independent of the profession, that physicians in a great many instances fiercely opposed their adoption and use on theoretic grounds. When, however, convinced against their will, the next step was to account theoretically for the virtues which similarly they had been denied to possess, this being easily done to their satisfaction, they straightway applied the remedy, not only in those cases to which observation and experience had demonstrated its fitness but to an infinite variety of other cases, its fitness for which was in no wise proved, and in fact did not exist. Thus medicine and remedial measures of great and undoubted value and importance have, through their use to an excessive degree, or in diseases to which they were not really appropriate, fallen into an often undeserved, but still inevitable disrepute.

Physicians taught to place implicit reliance in the copious and profuse use of the lancet, calomel and tartar emetic in typhoid fever and measles, small-pox and pneumonia, when convinced that patients with all these diseases, could be carried more surely, safely and strongly through them without one of these, were very apt not only to lose their confidence in these potent remedies in these cases, but in all others. I cannot pursue this topic further, but appeal to all Medical History for proof, that although important remedial agents are seldom so utterly buried in oblivion, as exploded theories, still they have their periods of extravagant popularity and unmerited neglect. Besides these alternating periods of use and disuse of single medicines, or classes of them, there have been longer and more slowly recurring epochs of infinite credulity, followed by others of almost complete scepticism as to the value of almost every remedial agent. I mean of

course that these terms express the extreme of these general movements and driftings of the general medical mind.

The tendency is ever to extremes, but there has always been a very great class of physicians, although but little known in the subtle system of advertising to which Medical Literature has largely descended, who are never found at either extreme. These men are those who, on a proper basis of education exercise the privilege of independent thought and action, not bound by any theory, never very extravagantly the champions of any drug or mode of drugging; this is the class of men on which the true art of medicine has always rested and always will rest; there never was a time when there were not such physicians, and the true hope for the future of medicine must repose in the rapid increase in their number; men who observe the *juste milieu*, and are never found in either extreme of credulity or scepticism.

From causes which I have thus necessarily most imperfectly indicated, doubt and disbelief seize upon portions of the profession as to the soundness of a theory, and, what is very often a very different matter, the efficacy of a medicine, or a class of medicines, or a mode of treatment they had professed or practised. There have also been, from time to time, very much more general movements of the profession, from theories relying over much on art, to others sceptical of art, and relying too blindly, indiscriminately, and implicitly on Nature alone. Such a movement, away from too much faith and reliance in art, is certainly most noticeable in our profession throughout the world, at the present time; a movement partly the swing in an opposite direction from the theories of Rush, Broussais, Cullen, Hamilton and Lettsom.

“I physics, bleeds, and sweats ’em,
Then if they dies I lets ’em,” (Lettsom.)

This tidal wave of opinion is not merely, however, as were such movements formerly, a recoil only from one theory to another, but a great result of the new means of observation that our art has acquired during the present century and of the vast and constant labor expended, not in poring over

“Old Ypocras, Haly and Galien,
Serapyon, Rasis and Avycen,” *

but the great book of Nature, the many volumed work of the Creator. It is a great impulse and movement of the mass of the educated, sensible, energetic men who alone constitute our profession. It is full of a constantly increasing force, for the springs of its motion are ever more and more at work. No one man or set of men, really initiated the impulse; as in similar movements in politics and religion the movement makes the man, not the man the movement. Men, however great, really amount to very little in such matters, and the vast proportion of the writers who have striven and written on this great intellectual tendency, have been no more essential to it than the drifting sea-weed which indicates the direction of its current, is to the mighty volume of the Gulf Stream. At no time were theories offered in greater number, never was their influence less felt, never were remedies proclaimed with more confidence or in such numbers and rapid succession, and never was faith in the efficacy of remedial agents more firm; but at the same time never was it so temperate, reserved and limited by the results of observation and experiment, infinitely extended and carefully noted and analyzed.

(To be Continued.)

* Chaucer. Prologue to the *Canterbury Tales*, lines 433, 434.

PELVIC CELLULITIS FOLLOWING THE USE OF SPONGE-TENTS.

BY J. G. PINKHAM, LYNN.

Communicated to the Society, and read Oct. 8, 1872.

Mrs. R——, aged 33, large and loose in structure, of scrofulous inheritance, came under my care Nov. 7, 1871, suffering from uterine hemorrhage. She was confined with her first child on the 24th of April, 1868. Attempting, by direction of an injudicious nurse, to get up a few days after the birth of her child, she was prostrated with some form of pelvic inflammation, from which her recovery was slow. Menstruation was resumed ten weeks after delivery, and recurred regularly thereafter, notwithstanding lactation, until May, 1871, when it was absent. She then supposed herself pregnant.

In the latter part of June copious flooding accompanied with pain occurred after severe physical exercise. This she called a miscarriage, although no ovum escaped to her knowledge. From that time until the date of my first attendance, she flowed more than half the time, losing large quantities of blood, and becoming weak and exsanguinated. The pulse was slow, feeble and compressible; tongue flabby and fishy in appearance. She had used astringent injections by advice of a "regular," and taken sugar pellets by advice of an "irregular," but no local examination had been instituted. For quite a portion of the time she was obliged to keep her bed, as exertion increased the hemorrhage.

On examining, per vaginam, the uterus was found anteverted, and slightly prolapsed; large and puffy, like the patient, os patulous. no marked tenderness. The abdominal walls were so thick that neither palpation nor conjoined manipulation could materially assist the diagnosis.

The examination was attended with an increase of the hemorrhage.

After trying palliative measures for several weeks, I determined to explore the cavity of the uterus by means of sponge-tents, to ascertain definitely the cause of the trouble. Three were used in succession, and the womb opened so as to admit the finger. Nothing was found therein, but the mucous membrane throughout the whole extent of the cavity was abnormally soft and velvety to the touch. Little doubt remained now that the hemorrhage resulted from general atony of the uterus, accompanied with passive congestion. The pressure of the tents caused the hemorrhage to cease. On the evening after the removal of the last tent, the weather being cold, the patient bathed herself with cold water, and got out of bed to urinate. During that night she was seized with a chill, followed by great pain in the pelvic region, and thirst. When seen the next morning her temperature was 103° F. under the tongue, pulse but moderately accelerated, surface moist and warm, tongue clean but very pale, as before, countenance placid. The vagina was hot and dry, and there was an exquisitely sensitive spot behind and to the right of the womb. Subsequently an irregular mass of induration appeared in this region, and the womb became nearly immovable. The tenderness above the pubis was marked but not excessive. No tympanitis was present. Thirst and pain were the most prominent general symptoms. Nausea was manifest throughout the attack, but it is uncertain whether it was due to the disease or the opiates used. Pain was controlled and sleep procured by rectal suppositories of morphine and belladonna. (Morph. sulph., gr. $\frac{1}{2}$. Ext. bell., gr. But. cac., q. s.)

Warm fomentations and turpentine stupes were applied to the abdomen during the acute stage of the disease.

After this several large blisters were used in succession, time being given for one to heal before another was put on. Nourishing diet was allowed, and iodide of potassium given internally in moderate doses. Under this treatment recovery took place, the effused lymph was completely absorbed, and the womb became movable. The duration of the disease was about four weeks, or at the end of this time the patient was able to be about house, although treatment was required for some time longer.

Menstruation was resumed in Feb., 1872, recurred very slightly in March, was absent in April, too abundant in May, and in June was so copious and prolonged as to require interference. By the repeated use of sponge tents, aided by ergot, and injections of persulphate of iron into the cavity of the uterus, the hemorrhage was checked after continuing three weeks. Since then, a period of three months, menstruation has been normal, and the woman's health good. The exhibition of ergot (Mx x a xx fld. ext. ter. die) during menstruation, and in the intervals, has seemed to greatly improve the tone of the uterus.

Remarks.—The unfortunate occurrence of cellulitis in this case, after the use of sponge-tents, is clearly traceable to the imprudence of the patient. Such accidents are probably due generally to similar conduct, often unconfessed.

That there was nothing in this patient's condition contra-indicating the use of tents, is shown by their subsequent employment without harm, during hemorrhage. Their use was unquestionably beneficial, and justifiable as a means of treatment, to say nothing of diagnosis.

The blisters seemed to act very favorably in producing absorption of the effused lymph.

THE RELATIONS OF THE FEMALE SEXUAL ORGANS TO
MENTAL DISEASE.*BY PROF. LEWIS MAYER, OF BERLIN. TRANSLATED BY GEO. H. BIXBY, WITH NOTES
BY HORATIO R. STORER.*(Communicated to the Society, and read May 3, 1870.)*

X.

PASSIVE CONGESTION, (INFARCTUS, PLETHORA,)

is by far the most frequent of all the disturbances of the circulation in the female sexual organs. It manifests its venous character by a bluish red color of the part affected, as, for instance, in varicose veins. From its nature, the local increase of blood, retardment of the circulation, and its subsequent stagnation, we mostly meet in chronic affections; increasing in obstinacy the more the walls of the blood-vessel lose their power of contractility, from the continued pressure of the increased quantity and altered quality of the blood.

Passive congestion is caused in the pelvic organs by tumors, fœcal impaction, but most frequently by disturbances in the portal circulation, and consequent hypertrophy of the liver, dilatation of the hemorrhoidal veins, etc. Another not infrequent cause is the dilatation of the blood-vessels, consequent upon puerperal processes. The catamenia also become a cause of passive congestion, especially when alteration in the blood-vessels already exist. In this affection there is a decided tendency to transudation, to copious secretion from the surface, and to intraparenchymatous exudation; which, in conjunction with dilatation of the blood-vessels, induces hypertrophy of the organ affected; a condition which often obtains in the uterus. The symptom of increased temperature is not so

* Continued from this Journal, July, 1872, p. 46.

marked as in the active form of congestion, on account of the retardation and diminished quantity of artereal blood. The influence of passive congestion upon the nervous system and the mind is more marked than in active congestion. The local irritation of sensitive nerves by pressure, manifests itself by sensations of numbness, tension, pain, heaviness, weakness, and fulness. Reflex symptoms and irridation appear in all parts of the body ; in the brain by vertigo, headache, fulness, irritablility, and a constant state of depression and exaltation, which may proceed to other more serious diseases. All these abnormal relations, while affecting the psychical life, assume additional importance when complicated by serious disturbances of the nutrition, for instance, when they assume an unfavorable character, in which case they are the cause of inflammatory processes, whereas, on the other hand, they become the symptom or sequences of inflammation.

INFLAMMATORY PROCESSES.

Inflammatory processes in the genital sphere, for which there may be found numerous external and internal mental and physical causes, may exist from the lightest degree of temporary or permanent ailment to the most severe acute or chronic form. They assume different forms according to their location, extent, and the peculiarities of the disturbances of irritation which accompany them. Their character may be nervous, vascular, or exudative, attended respectively with pain, redness, and swelling, according as to whether the nerves, vessels, or constituent elements of the tissues are most affected. Again, intra-parenchymatous exudation may occur either as progressive or retrogressive metamorphosis. Here the secretions from the surface exert as a rule still greater influence upon the composition of the blood,

for the reason of being profuse, and hence possessing greater tendency to produce hemorrhage, from superficial as well as deep-seated ulcerations that occur frequently as the consequences of inflammatory processes. Among the most important diseases under this head, I would mention erysipelas, eczema, herpes, lupus, collosity, and elephantiasis, phlegmon of the vulva, acute and chronic vaginitis, acute and chronic catarrhal, and parenchymatous metritis, acute and chronic ophoritis. The injurious influence of these processes upon the nervous centres and mind, are intensified by discrasia, in consequence of which the originally local process assumes a general character, and induces sympathetically general nutritive and functional disorders. A general state of debility with deleterious effects upon the mind is more likely to follow if other important diseases of the organs co-exist; or if complicated by pre-existing discrasia. Another important influence arises from abnormal innervation, induced by deranged nutrition, and by pressure upon the peripheral nerves in diseased parts.

Irritation, painful sensations of neighboring or more remote nerves, reflex actions upon the motor secretory or trophic nerves, increased or diminished activity of the controlling centres of the cerebro-spinal system upon the vasa-motor nerves, are sources of various physical and psychical symptoms of inflammatory processes in the female sexual system. On account of the great importance of the influence of the above-mentioned affection upon psychical life, I feel justified in adding here my opinion in regard to its treatment. First, the treatment should be directed to the causal moment, namely, the removal of injurious influences, both internal and external, such as irregularities of living in general, such as food, dress, and occupation, and of sexual life in particular; also, Neoplasm, fœcal accumulation, exudations, chronic ulcers, and mechanical irritation.

Notwithstanding the difference in form and appearance which they possess, they may have one common relation to the *Indicatio morbi*. Inasmuch as they are not exclusively, yet in most cases of a local nature, they should, however, always be considered as more or less compromising the entire system. Considering the nature of these processes, the treatment should be anti-phlogistic, with the view of limiting the amount of blood, and stimulating local assimilation. Whether this should be combined with a general anti-phlogistic and tonic treatment, or whether an effort should be made to excite or depress the cerebro-spinal system, will depend upon the nature of each individual case, and also upon the manner in which the local anti-phlogistic treatment is to be affected. The *modus operandi* of the latter will consist in derivatives and depletants, having for their object the promotion and equalization of assimilation, the stimulation of the actions of the skin, liver, and ovaries. To this treatment belongs also the use of cupping, stimulating ointments, friction, plasters, tinct. of iodine, blisters, oil of turpentine. Baths whole, foot and sitz; also the use of anti-plastics, alkalies, vegetable acids of a cathartic nature, and emmenagogues. Direct irritants favor contractility and tonicity of the lax condition of the blood-vessels by favoring the arrest of hemorrhage, and abnormal secretions, the healing of ulcers of the mucous membranes, repairing the state of nutrition and even the restoring of deeper tissues. For direct irritants we may employ the actual cautery, nitrate of silver, acid nitrate of mercury, chromic and pyroligneous acids, and for astringents, tannin, alum, sulphate of iron, sulphate of zinc, liquor ferri-susqui-chloride.

A special mention should be made of glycerine as a mild irritant, which, following the example of Carl Mayer, I have been using with favorable results. As is well

known, it possesses the power of exciting the mucous membrane to an increased secretion and when its use is prolonged, it is an anti-plastic and resolvent. The best means for its application is by sponges, cotton-wool, or what is better, lint. The action of glycerine is intensified when combined with tannin, alum, zinc, or iodide of potash, in proportions according to indications ; an active anodyne effect is easily accomplished by a similar method of application of morphine or belladonna. The use of local depletions should not be underrated, as is often done, for they often exert a very important service by removing obstructions, and hence, regulating the circulation through the whole system by diminishing the lateral pressure of the portal system, and thus revulsively upon the disturbances of the circulation in remote parts. In those cases when a copious depletion is not desired, scarifications are preferable to leeches to the perineum or ostium vaginæ, from the fact that the division of the tissues occasions a flow of blood from the severed vessels, and at the same time from the parts hypertrophied from intraparenchymatous exudation ; or it may act upon the contractility of the vessels by traumatic irritation. The good effects derived from the dilatation of the cervix uteri may be ascribed to the same cause.

NERVOUS IRRITATION.

Nervous irritation of the genital sphere, consisting according to its nature in a morbid stimulation of sensitive nerves, as a purely nervous disease, is less frequent than the above-mentioned inflammatory processes, and also rarer than the simple disturbances of the circulation. It is apt to produce, under certain circumstances, less frequently however, a morbid influence upon the mind. It is observed as well in the external as in the internal genital

parts. In the first as *irritation of the pudenda* (hyperæsthesia of the hymen,) and as *pruritus of the vulva*. In regard to these neuroses, I have especially noticed that frequently and probably in a great majority of cases, they are partly produced by existing inflammatory processes and irritation of tissues, and blood-vessels, as for instance, in the case of superficial or deep excoriations, which appear most frequently at the posterior commissure, and around the orifices of the secretory ducts of the glands of Bartholin and Cooper; also, by aphthous ulcerations, exanthemata, condylomata, mycosa, and callosity. In part they may be considered as remnants of similar processes formerly existing. In these cases, after the inflammatory processes have terminated, the nerves remain in a state of disturbed nutrition, or are continually irritated by cicatrices in the tissues. I am of the opinion, with Marion Sims, that pruritus vulvæ and irritatio pudendorum may exist without clinical disturbances being observable either in the tissues or the blood-vessels.*

As the most prominent casual moment for this irritation we may name onanism, and the irritation consequent upon efforts at sexual intercourse. These act unfavorably, partly by the often repeated mechanical stimulus, and partly by the excessive irritation (over excitation) of the nerves.

Irritation of the pudenda (hyperæsthesia of the hymen) is limited to small sections, especially to the hymen or its remnants, or it extends over the internal surface of the nymphæ, the clitoris, the atrium, and the posterior commissure. It usually occurs in young sterile females, with undeveloped external genital organs, narrow introitus vaginæ, hard and resistant hymen, but also occasionally in older women, who have already had children. In

* Scanzoni says he has never observed this neurosis. (Lehrb. d. Krankh. d. Weibl. Sexual org. 1867.) Wiener Med. Wochenschr. xvii., 1867. Schmidt's Jahrbücher, 1868, p. 57.

all cases it is characterized by intense local pain, and abnormal, disagreeable sensations also, and especially by severe reflex symptoms, induced even by the slightest touch of the affected parts. Spasmodic contractions of the sphincter cunni and ani (vaginismus,) convulsions in the different groups of voluntary muscles, follow; the thighs are spasmodically compressed, a jerking movement of the body, trembling, nausea, even vomiting ensues; sometimes palpitation of the heart, cold extremities, paleness of the face, fulness of the head, nervous depression or exaltation. These latter indicate a change in the excitation of the vaso-motor apparatus. Anxiety and fear manifest themselves in the expression of the face, in the position and motion of the body. A morbidly increased sexual irritation is not infrequent.

Nervous irritation of the internal female sexual organs (vaginodynia, hysteralgia, salpingodynia, oöphoralgia,) which, in purely nervous forms, is certainly quite as rare as that of the external organs, can, under certain circumstances, cause injurious effects upon the mind by physical influences, (reflex) and also by mental influence, (by concentration of the thought upon the abnormal sensation.) Among these neuroses hysteralgia is the only one of which we have a considerable number of clinical observations.

MALIGNANT DEGENERATIONS.

Malignant degenerations (cancroid, cancer, sarcoma,) the most important among the *diseases of the sexual organs*, exert relatively an insignificant influence upon the mind, not only in the incipient stages, but also when more fully developed. The general state of health and the nervous system are also at first but slightly affected, save in the later stages, when the system has been weakened by the loss of blood, when nutrition suffers, and abnormal

sensations are produced in consequence of local and partly mechanical irritations of pressure, and solutions of continuity; also, when neighboring organs become inflamed; the morbid influence is then excited especially by psychical interposition. The consciousness of the seriousness of the suffering and the thought of its incurability, induce a state of depression, which sometimes proceeds to the deepest melancholy, or other distinct forms of disease of the mind. Among a tolerably large number of cases of malignant disease in the organs of generation which have come under my observation I have never seen severe affections of the brain—lighter ones, however, very often. In the literature I know of but one case, that reported by *Valenta*.*

“Mrs. A., aged 54, who had menstruated regularly till her fifty-third year, and had hemorrhages afterwards at irregular periods, suffered from cancroïd of the portio vaginalis. The latter was successfully removed by galvano-caustic. The wound healed in six weeks. A small papilloma of the breast removed in the same way and at the same time, healed in a fortnight. But soon after, painful induration appeared in the supra-vaginal part of the uterus, and six months after the operation there was a return of the disease at the place of operation. The latter symptoms were complicated with swelling of the liver and indurated points in the stomach, pains in the lumbar region, and catarrh of the bladder and urethra. Those symptoms appearing soon after operation, probably in consequence of secondary disease, produced in the patient a constant fear of a relapse. Seven months after the operation, the patient, hitherto very energetic and full of life, became insane, and after a severe

* *Schmidt's Jahrbücher*, 140, p. 181, 1868. Twelve cases of malignant diseases of the female genital organs, complicated with various forms of insanity, reported by *Azam*, observed at post-mortem examinations of the insane, are without value, on account of the absence of clinical proof.

mental struggle, and died in this condition only eight days after."

Not long ago, I saw a case of the sympathetic influence of cancrroid of the womb upon the mind, without psychical interference. The patient, who suffered from melancholy, was fully aware of the nature and seriousness of her disease, (cancroid of the portio-vaginalis), and fully realized the danger which threatened her life. She repeatedly assured me that she did not feel any disquietude because she had cancer; she had no fear of death; she did not care whether she died of cancer then, or of some other disease later. She could not, however, account for the melancholy, which completely weighed her down. In this case I was successful in effecting a permanent cure. As soon as the local suffering decreased, the melancholy became less and at last disappeared entirely.

DEFECTIVE DEVELOPMENT.

When speaking of complete absence of menstruation, I referred to the influence of defective development in the female organs of generation upon the mind. I endeavored to show there, how they act mostly by psychical interposition.

The knowledge of the deformity, and of the consequent impossibility to perfectly perform the functions of her sex can, under certain circumstances, cause disturbances of the mind. It is especially the thought of sterility which produces melancholy and other psychical diseases, particularly if the patient has a fervent desire for offspring, or if family interests or consideration make the existence of offspring desirable. In the same, defective formations of the vagina atresia and shortness, rendering coitus imperfect or impossible, can produce mental alterations, and the more likely when conjugal dis-

harmony, jealousy, etc., are thereby caused. But especially through the influence, secondary diseases do the defective developments of the female sexual organs acquire a far greater importance for the ætiology of mental disease. The absence of menstruation, the retention of mucous secretion and of the menstrual blood, (hydrometra hæmatometra,) secondary metritis, and consequent inflammation of organs in the neighboring parts exercise injurious influence upon the mind, in the same manner, as we have seen, when speaking of inflammatory processes in general.

SOLUTIONS OF CONTINUITY.

The *solutions in the continuity* of the external organs of generation and the vagina (thrombus vulvæ and ruptura perinæi, fistula vesico-vaginalis, urethro-vaginalis and recto-vaginalis) will, under certain circumstances, give rise to predisposing or occasional causes of diseases of the mind, especially by physical interposition. Abnormal excretions, with their troublesome and disagreeable sensations, incident to the solution of continuity, are capable of producing mental depression, hypochondria, mania, etc. I remember a young, blooming primipara, of sound mind, who from a disagreeable feeling of tension when walking, in the cicatrix, of a recently healed rupture of the perinæum, suffered during several weeks from melancholy, alternating with wanderings. This state of the mind had already passed the incipient stage of mental affection, and a radical change had taken place in her character. Any injurious influences acting as an exciting cause could easily have produced a more serious form of insanity. Upon the abnormal sensations disappearance, the patient became perfectly sane again. In general, too great significance should not be placed upon diseases of

the female sexual organs as the ætiology of mental diseases. In many cases, where really the latter seemed to have been caused by the former, inflammatory processes, or other diseases, either consecutive or complicating, of a general or of a local nature, should be taken into careful consideration.

NON-MALIGNANT NEOPLASM.

Non-malignant neoplasm of the female genital organs (myoma, cyst,) in their incipency exert very slight, if indeed any influence, upon the mind. Their significance increases, however, with their growth and consequent pressure, which induces disturbances of the functions of the abdominal organs and the circulation, inflammation of the neighboring organs, strangurie, obstruction in the hemorrhoidal veins, anæsthesia, hyperæsthesia, acinesis, hypercinesis, which latter may produce, both mentally and physically, a predisposition to mental disease; or they may kindle actual disease where a dormant morbid predisposition already exist.

In the appendix I have given the history of a patient suffering from a small ovarian tumor, complicated by inflammation of the uterus, with erosion of the cervix; there was also present considerable fatty degeneration of the liver, and stasis of the abdominal circulation. It is impossible to say how far the knowledge of the presence of the ovarian tumor had affected the mind.

In another case at 45 the menses became irregular, and simultaneously with the discovery of an ovarian cyst, severe melancholy ensued. At 48 the menses ceased, and at the same time melancholy and wandering gave place to a light psychical irritation manifested by fear of serious disease, inclination to weeping, and general anxiety; during this time the ovarian tumor increased to a considerable size. It is not impossible that the tumor had contributed in some degree to increase the injurious influence of the

climacteric period. In another case the effect of an ovarian cyst, in causing melancholy, was very distinct. In the ninth case in the appendix, related by *Azam*, there also seems to have been some relation between insanity and the co-existing ovarian tumor. The patient was melancholic with suicidal mania and erotic wandering, (she believed to have been outraged from a distance through the medium of magnetism,) and suffered from attacks of mania. She imagined she felt the tumor in the abdomen, which she contended was the cause of her trouble, and made her weary of life. But in his tenth case, the relation of the tumor in the pelvis to the disease of the mind, is certainly doubtful.

Tumors, developing on the surface of the uterine cavity, or in the vagina (polypi, etc.,) frequently also submucous and interstitial neoplasm of the womb, irregular or continued hemorrhage, and more or less copious abnormal secretions, increase the influence of non-malignant neoplasm by superinducing anæmia and general physical debility, with their various consequences upon the mind.

We see, for instance, in case one of the appendix, where chronic metritis, ulceration of the lobia and cervix uteri, and mucous polypus existed, that the predisposition to mental disease was due to anæmia, consequent upon hemorrhage and leucorrhœa. To this class belongs the case observed by *Mr. Gautier de Claubry*, and reported by *Azam*.

“During her first pregnancy a young woman was attacked by mental disease which disappeared after the birth of the child. Ten years afterward her mind was again affected. She was believed to be pregnant again. The physician who was summoned removed a polypus from the uterine cavity, and the insanity immediately disappeared.”

I once saw a case where a polypus of the cervical

portion caused melancholy indirectly, by occasioning sterility. The polypus was removed, the woman conceived and became perfectly sane.

ALTERATIONS IN FORM, AND POSITION OF THE UTERUS.

The *alterations in form and position of the womb, flexions, versions, ante- and retro-positions* show causal relation to disease of the mind analogous to the last case.

It can even be said that the purely uncomplicated forms of these diseases, viz., an absence of all morbid processes (metritis, endometritis, parametritis, inflammation of neighboring organs) exert an injurious influence upon the mind, exclusively, by causing sterility. Every experienced gynæcologist will have observed that in these uncomplicated forms of even the most complete deformities and displacements of the womb, the menstrual blood and the secretions of the mucous membrane of the uterus occur without hindrance; also that neither is the circulation in the blood-vessels of the uterus very much disturbed, the nerves of that organ morbidly irritated, nor the parts in the vicinity impinged upon from pressure, from the fact of the mobility of the uterus, and the elasticity of its connections with other equally movable organs.

These not very frequent cases of innate lateral flexions and versions, or where the displacement of the womb originated in the earlier periods of life, do not manifest themselves by local symptoms, nor by the so-called deuteropathic or reflex actions in other organs. They remain undiscovered unless consequent sterility gives occasion to explore the sexual parts.

I wish to observe here, that in these uncomplicated cases of versions and flexions of the womb, the favorite treatment of our time, namely, the use of intra-uterine pessaries is the least dangerous, and affords the best

results. I use India rubber stems, two and one half to two and three-fourths inches long, and of different sizes, with a slight curve, corresponding with that of *Cazeaux's* probe, and like it ending in a knob. At the bottom is a little disc with a quadrangular opening in which the instrument for application fits. As in some cases there is some difficulty in introducing this or similar instruments into the uterine cavity, I believe that this has given rise to the idea, (in my opinion erroneous) that stenosis of the ostium uteri, and contraction of the cervical canal in general, are very frequent anomalies, to which a great pathological importance is attached, and which accordingly required the energetic measure of incision. I can only say in objection to this, that according to my own experience, real stenosis of this kind is very rare, and that for this reason I think the not unhazardous dilation by deep incisions is only indicated in some very rare cases.

Among the extra uterine pessaries for the treatment of *version*, my experience continually proves that the India rubber ring of *Carl Mayer* is the most useful. Occasionally it has to be replaced by a new one, as the rubber becomes offensive.

There certainly is no extra uterine pessary which so perfectly holds the *reflected* uterus in its normal position as the India rubber ring does the version. When it is necessary to remove the flexion more or less completely, recurrence must be had to the probe or the intra-uterine pessary.

Under all circumstances it will be necessary to take into consideration the frequent complications,* not only concerning the treatment of these diseases, but also to judge rightly about their pathogenic significance in general, and

* Among one hundred and forty-five cases of insanity which I observed connected with diseases of the female genital sphere, there were ninety-five flexions and versions of the womb with inflammatory and other morbid conditions, or of the ovaries or the neighboring parts. In three cases there was a slight catarrh of the vulva, and in but one case was there no complications at all.

their casual relation to mental diseases in particular. These complications give a greater importance to the dislocations and deformities of the womb, and in fact, are most active in producing a distinct, injurious influence upon the body and the mind.

But in regard to their local treatment I will briefly add that it must be directed chiefly against the complications, that in many cases no real success can be attained without simultaneous reposition of the flexions or versions. Under these circumstances extra uterine pessaries, of course fitting to every individual case, in version, the India rubber ring, in flexion, Hodge's uterine supporter, and its different imitations in India rubber, or still better, in gutta percha with copper wire frame, and similar instruments, frequently secure a successful treatment when combined with local antiphlogistics. Even when unaided by local or general treatment these mechanical means may clear away the most important troubles by lessening or completely removing the pressure caused by the alterations of form and location, even though the dislocation should not be completely cured.

In these complicated cases of deformity and displacements the application of intra-uterine pessaries requires the greatest care, because aggravations of the complications, namely, hemorrhages, or severe catarrh of the uterus easily induce versions and flexions.

In those cases where on account of complications, the use of extra or intra-uterine pessaries is contra-indicated, orthopædic treatment still of the uterus, offers some promise of success. A continuous application of lint or cotton-wool-tampons, dry, or saturated in solutions of morphine, belladonna, tannin, etc., in glycerine is advisable, as in the treatment of inflammatory processes. This application, however, must not be trusted to the patient herself, or to inexperienced nurses, as is often done,

for it really is of the greatest importance, that not only the tampons should be of the right size, but also that they should be applied as high up as possible in the anterior or posterior section of the fornix vaginæ, according to the uterine displacement.

In case twenty-nine, the favorable effect of such tampons, saturated in a solution of morphine in glycerine in a case of retroflexion and pain of the posterior parts of the pelvis, and subsequently upon the mind, was most striking.

DESCENSUS AND PROLAPSUS OF THE UTERUS AND VAGINA.

The influence of this affection upon the mind is unimportant. It must be admitted, however, a priori, that the complaints consequent upon acute forms of these anomalies, as for instance, dragging of the peritonæum, serious dislocation of the womb, the intestines, the bladder, functional disturbances, and inflammatory processes can act upon the brain by physical and psychical interposition. Similar relations between prolapsus and psychosis, will also be found in chronic developments of the former, by the abnormal sensations of the dislocated pelvic organs, by consecutive *inflammation* and *disturbances of the circulation*, and by reflex action. I have heard from a reliable source, that a severe state of mental depression disappeared after reposition of a prolapsus, and the application of a pessary.

Guislan (Griesinger) communicates a similar case.

“ In consequence of a severe fall upon the os sacrum, a girl suffered from prolapsus uteri. She was suddenly attacked by deep anxiety, and the most singular aberrations of thoughts, and an inclination to suicide. After any exertion, the neck of the uterus nearly protruded from the orifice of the vagina. By the use of a pessary these remarkable anomalies disappeared.”

Except the cases just mentioned, I do not know myself of any case where a distinct connection existed between prolapsus and mental disease, although I have treated quite a large number of cases of prolapsus. In two cases there existed prolapsus and psychosis simultaneously; but in one the mental disease present (melancholy) clearly depended upon amenorrhœa. In the other case it appeared during child-bed simultaneously with prolapsus.

NEUROSES FROM DISTURBANCES IN THE SEXUAL SPHERE.

In conclusion I will give some special observations upon a subject, as interesting as it is difficult, the neuroses, dependent upon the female sexual organs. It has frequently been observed in these pages, that, excepting disturbances in the circulation, abnormal conduction by the nerves can act as the medium of morbid influences between the mind and the organs of generation. On the other hand, neuroses dependent upon disease of the sexual organs can become predisposing, and occasional causes of diseases of the mind, like neuroses in general. I will not go through the extensive range of these respective affections, so different and various in their nature, form and appearance. Neither will I examine in detail, the difference of the causal connections in which they may stand towards the diseases of the sexual organs, but I will briefly observe that their dependency upon the sexual sphere is just as often inaccessible, to comprehensive view and sound judgment, as the causal relation between mental disease and disease of the sexual organs, of which we have already more explicitly spoken. For in each individual case it is not rarely left to the subjective opinion of the observer only, to decide whether neurosis

and disease of the sexual organs are dependent upon each other, if, in a subordinate way, they intermittingly act upon each other, if they are to be considered as collateral symptoms of other diseases, of dyscrasia, or of the general disturbances of nutrition, etc., or, in conclusion, if there really exists between them a relation of cause and effect. Such a relation must be admitted, without a shadow of a doubt, when the neurosis appears simultaneously with the disease of the genital organs, and disappears after the former trouble has been removed.* I have observed quite a large number of such neuroses; but in every case where they are caused by disturbances in the genital organs, they not only complicate themselves in the most varied forms with other injurious influences, which may be present or formed afterwards, and they also premise a certain disposition to diseases of the nervous system, either innate or acquired, in the same manner as a psychical predisposition affected in the change from neuroses to psychoses. These conditions are most prominently present in that universally known condition, which belongs almost exclusively to the female sex, namely, hysteria.

HYSTERIA.

From the earliest times, hysteria has attracted the attention of physicians, on account of its wonderfully changeable and varied character, and the rapid change of the symptoms; appearing in paroxysms, at one time; at another in other forms; changing continually in intensity, and also on account of the difficulty of ascertaining its exact nature.

The majority of these explanations point to two directions, either the sexual sphere, (especially the uterus) or the whole nervous system, (or only the brain) are con-

* Cases of this kind are found in *Kugelman*, *Gynæcological observations*, etc. *Deutsche Klinik*, 1865.

sidered the seat or origin of hysteria. In the middle ages the evil one, or the lungs, (*Highmore*) or other organs, or the whole body, or globus hystericus, (*Vesalius*) were used to designate the disease now called hysteria. In the earliest ages (*Hippocrates*, *Plato*, *Pythagoras*) indicated already through the name, the connection of this disease with the ὑστέρα. In later times great importance has been assigned to the sexual organs; although *Sydenham*, *Boerhaave*, *Willis* and others, located hysteria in the brain; while *Romberg*, *Hasse* and others, seek to explain it as an affection of the whole nervous system.

In fact, the various nervous symptoms, of which hysteria is composed, indicate in the first place, that the genital system is in an abnormal state of excitation and conduction. There may be some slight conditions and processes in the whole nervous system (perhaps also in a few parts of it), which cannot be made materially visible, and of the general character of which we know nothing thus far: there may be a general, morbid, nervous predisposition. This can be innate and hereditary, or it can be acquired after birth from psychical and somatic causes. Among the causes of acquired predisposition we notice: education, manner of life, occupation, material enjoyment, depressing and exciting affections, excitation of body and mind, connected with sexual life, appearing as well, when fully developed, as in the periods of evolution and involution; irritation, general disturbances of the organs of circulation, abnormal relations between the circulation and composition of the blood, (*anæmia*), generally defective nutrition, local diseases and functional disturbances in different organs, but more especially in the organs of generation. The latter, and particularly the irritations and inflammations, occupy also a prominent place in the extensive range of occasional physical influences.

But other causes besides diseases of the female sexual organs must be admitted; for in the male a condition exists analogous to hysteria. Nevertheless, the disease of the female sexual organs undoubtedly act, as I believe, in the greatest majority of cases, as near or remote causes of hysteria. The objection which might be raised that even with the most accurate examination and observation, most frequently no changes can be found in the sexual organs, loses its force as an argument, for, as has been repeatedly observed, the more minute morphological alterations, especially of the internal organs of generation, easily escape clinical observation.

But the disturbances in the sexual organs, of which we have already spoken, do not stand alone in forming the complex symptoms of hysteria. They act jointly with certain deviations from the healthy, psychical life to complete the image of hysteria.

As *Hasse* expresses himself, the whole psychical personality is changed in hysteria. The faculty of perception is modified, the will is paralyzed, the self-control is gone, allowing an unlimited sway to the play of whims and involuntary actions.

This mental alteration in hysteria, which has the same relative dependence upon diseases of female sexual organs, as the hysterical neuroses, is no real form of insanity, but can, under certain circumstances, easily become so. By the existence of this mental alteration (predisposition) neuroses in hysteria can easily serve as the starting point for hypochondria, melancholy, mania, etc.

Among the hysterical neuroses, insanity is especially produced by the general tonic and clonic spasms, and mostly when consciousness is depressed or entirely gone. These are the cases where doubts may exist as to whether it be hysteria, or epilepsy.

Next to other less important pathognomonic symptoms

of the hysterical paroxysm (long duration, globus hystericus, absence of the scream, the suddenness of the attack, frothing at the mouth, sopor after the epileptic fit), it has been considered as characteristic, that perception and consciousness never completely fail as in epilepsy; but that strong stimulus to the mind, the senses or the sensitive nerves, produce an increase in the intensity, or a sudden disappearance of the paroxysms. This is quite true in most neuroses. But there are cases of so-called hysterio-epilepsy where, not only in the paroxysms, but also in the intermissions, the real character of the neuroses remains doubtful.

The change from neurosis to psychosis can take place suddenly, when the hysterical paroxysm passes immediately to hysterical delirium, or while the patient is suddenly brought into a state of depression or exaltation by slight causes. She weeps, sings, scolds, prays, uses obscene language, pulls her hair, scratches her face, beats herself, or abuses her attendants, moves body and extremities in a manner, which betray erotic exaltation; does strange things, becomes furious at the least contradiction, her discernment and judgment become unsound, and she sinks gradually into nympho-mania, religious mania, etc.

In other cases the progress from hysteria to insanity can be more chronic. The hysterically mental alteration increases gradually and then follows loss of self-respect, whims, violence, loss of will, energy and self-control, which more and more estrange the patient from herself and her surroundings, and produce aberration of the mind.

SOMNAMBULISUM.

Of far less importance than these neuroses, for the production of insanity, are those interesting conditions (though hardly valued scientifically) which generally

appear as the utterances of abnormal psychical life in hysteria, usually known as *somnambulism*, or the so-called *magnetic sleep* (clairvoyance). Of these there exist different forms.

The so-called magnetic sleep, finds the patient generally in a reclined position. If movements are made they often seem miraculous, and show a degree of dexterity and use of strength, as the patient does not at other times possess. She lays mostly with her eyes closed, or half opened, seemingly unconscious of her surroundings; but in reality she possesses a highly increased power of perception in a part or in all the nerves of the senses, by which she receives impressions which are not experienced in the normal condition. The senses are also completely or partly in a state of hyperæsthesia, and this induces mental activity which find its expression in clairvoyance. The circumstance, that these conditions, and especially the magnetic sleep, (magnetic divination) produced by others (magnetisers), which is quite distinct from the so-called *idiot*- or *auto-somnambulism*, have been made to serve various simulations, deceptions, exaggerations and misrepresentations, and has therefore been discarded as unworthy of scientific exploration, and has caused doubt even as to their existence in reality. Therefore I believe the communication of a case, which I observed, to be justifiable, and not without interest.

A young lady belonging to one of the first families, 22 years old, very intellectual, exceedingly precocious, physically well developed, and of an irritable, violent temperament, suffered from her sixth to her ninth year from peculiar form of fits not unlike hysterical delirium. The latter appeared at the same hour morning and evening, and lasted for hours.

The child sang and screamed, struck at all about her, and tossed about restlessly. Commonly after the

morning attacks convulsions appeared with loss of consciousness, which were considered by the physicians as being hysterical with exclusion of epilepsy. Any distinct bodily suffering could not be ascertained. The child remained intellectually bright.

In the ninth year the spasms disappeared spontaneously. Sometimes the patient had dysentery, trouble of the bladder, irregular digestion, (obstruction, meteorismus).

At fourteen menstruation appeared with regular intervals, lasting four days, but attended with very severe pain. The dysmenorrhœa increased as she grew older, and was aggravated by striking the right side of the abdomen against a sharp edge of a hard substance.

At eighteen there appeared paroxysms of laughing and crying, disturbances in the motion of voluntary and involuntary muscles, (hiccups, vomiting, tetanus, catalepsy, and partial paralysis).

Among other symptoms, the tongue became paralyzed, rendering the slightest articulation impossible. Notwithstanding continual pain in all parts of the body, but more especially in the right ovarian region, she still preserved her good humor, and neither was there any loss of physical strength, or any further change in the mental condition. After many physicians had expended in vain their art upon her case, it was thought best to try the effects of magnetism. A good-natured old glove-maker was therefore employed to pass his hands for hours together over the patient's face and arms. As was to be expected, this manipulation tended to increase the already existing hyperæsthesia, and tendency to reflex manifestation. She became depressed. The formerly mild hysterical paroxysms were aggravated into a state of actual delirium, after several weeks' employment of the magnetism.

November, 1854. For the first time she fell into a magnetic sleep, which recurred subsequently every

day from two to three hours. The patient's condition becoming worse every day from the use of the magnetism, the latter was omitted and the patient sent to Berlin. The first time I saw her she was in a state of violent delirium. She screamed, wept, laughed, tore her hair and clothing, struck herself and others near her with clenched fist; would climb up to the highest places possible and violently throw herself down; also, incessantly moved her body, back and forth. These manifestations lasted about five minutes, and were then followed by condition resembling heavy sleep, in which the eyes were closed, the respiration deep and quiet, with normal pulse and temperature. Shortly afterward, now with a loud voice, then in whisper, alternately in German and French, she discussed subjects of art, literature, history, medicine, philosophy, rarely, however, religion. Upon one occasion for two hours, she quoted from the Bible; at another time she repeated Scripture in verse, and related incidents of former times. She responded to questions with accuracy. The organs of sense were materially exaggerated, which was proved by her estimation of the sound, appearances and distance of surrounding objects. Upon awakening she seemed very comfortable, and the pain in hypogastrium was relieved for some hours.

She seemed perfectly unconscious of what had transpired. The paroxysm of somnambulism occurred every day for three months, when simultaneously with the cessation of the pain they ceased and never again returned. Exploration of the sexual organs revealed defective development and serious disease. The vagina and uterus were double, the latter in a condition of chronic inflammation; a fluctuating tumor of the right ovary, which was ascertained at the autopsy to be an abscess, that opened into the abdomen and terminated life by peritonitis.

The following case exhibits the symptoms and manifestations which occur in magnetic sleep, which differ somewhat from those that obtained in somnambulism :

N. N., a well developed domestic, aged fifteen, not of Berlin, of healthy parentage, had never menstruated. She was immediately placed in service by her parents, because she was "moon struck." Her employers reported her a well-behaved, industrious girl, with only one fault, namely, she walked in her sleep and disturbed the occupants of the house. The patient informed me that she was only aware that she was restless during sleep, and when suddenly aroused did not instantly recognize her whereabouts, and that she often found herself in the kitchen at midnight. She wandered about all parts of the house in her chemise, opening and shutting doors, and in the kitchen lighted fires, and arranged the utensils preparatory to cooking. Upon being aroused, she experienced a short, sharp pain in the head, then slept on quietly the remainder of the night.

GYNÆCOLOGICAL SUMMARY.

XI.

We continue with the report of Dr. Heywood Smith's lecture upon "Pelvic Swellings." *Lancet* for September, 1872.

The lecturer then came to consider the various versions and flexions of the uterus, inasmuch as they produced pelvic swellings which it was absolutely necessary should be differentiated from each other and from other

morbid conditions for the purposes of diagnosis. In considering *anteversion* it must be borne in mind that to constitute an abnormality the uterus must lie nearly horizontally; the natural position of the organ being at right angles to the plane of the pelvic brim, and so anteverted as regards the perpendicular. In *retroversion* attention is called to some difficulty in defecation with backache among other things, and the simple touch generally reveals the nature of the dislocation. In *retroflexion*, however, while these symptoms are generally exaggerated, there is also a post-cervical swelling separated from the cervix by a sulcus which is not found in retroversion. That this swelling is the flexed fundus is only to be demonstrated by the introduction of the uterine sound, for the proper use of which minute directions were given. *Anteflexion*, on the other hand, was described as producing more severe subjective symptoms, and for its proof requiring the careful use of the sound. These flexions were also referred to as occurring in the impregnated uterus. Other organs, some of whose morbid conditions should be ranged under the head of pelvic swellings, were then considered—namely, the ovaries as felt in chronic and acute ovaritis; also, all the ovarian cyst formations, whether unilocular, multilocular, or histoid of various kinds. After referring to diseases of the oviducts, the pelvic swellings that are connected with the broad ligament claimed attention; these arise from cysts, pelvic cellulitis, abscess, periuterine serous effusion, and parauterine, or extra-peritoneal areolar hæmatocele. Cysts are scarcely distinguishable from those of the ovary save by their contents. Cellulitis is differentiated by its history from hæmatocele, and both from fibrous tumors by the absence of constitutional symptoms with the latter and by the use of the simple touch of the uterine sound. Pelvic swellings confined to the vagina may be caused by abscess in

its wall, cancer, cicatrices, fibrous tumor, syphilis, condylomata, cysts, polypi, and foreign bodies. Cancer of the rectum may produce a pelvic swelling felt per vaginam, as also rectocele.

Dr. Smith then drew attention to certain swellings that might be present in the pelvis, and which had not been included in the above classification, as increased projection of the promontory of the sacrum, exostosis, cancer of the bones of the pelvis, abscess of the kidney, extra-uterine fœtation, enterocele, hydatids, aneurism, and post-uterine, intra-peritoneal hæmatocele. The bony diseases are recognized by their hardness, which, in osteo-sarcoma, is varied by portions of friability. Pyonephrosis may extend into the pelvis and produce a swelling. The diagnosis of extra-uterine fœtation was carefully gone into, and its differentiation from fibrous tumor and ovarian cyst indicated. The rare accident of enterocele was explained, and hydatids and aneurism alluded to to render the list complete; and the last pelvic swelling considered was intra-peritoneal hæmatocele. This was explained to be more a symptom, though a very grave one, of some mischief, happening generally suddenly, in connexion with some previously diseased pelvic organ. A table was shown exhibiting, in parallel columns, the differentiating signs and symptoms between it and pelvic cellulitis, extra-uterine pregnancy, ovarian cyst, fibrous tumors, retroflexion of the uterus, and extra-peritoneal hæmatocele respectively.

The lecturer concluded with these words:—"In order to diagnose pelvic swellings with accuracy, it is necessary that we should habituate ourselves to an orderly deliberate, and logical investigation of the question before us; and failing, as we so often do, to be able to grasp special pathognomonic signs, let us give our careful attention to the following: (1) to any deviation from the normal state

of any function, not only of the organs, affected with disease, but also of neighboring organs, or organs functionally connected; (2) to all the absolute physical changes in any part under observation which may be discovered by any means in our power. To these ends we should bring to bear all the knowledge and appliances that modern medicine has furnished us with. And when we have done all this conscientiously, and have come to a conclusion which we have every reason to believe is a right one, how humiliating to have to confess that that labor has only given us the knowledge of the existence and character of the disease, and that on arriving at a correct diagnosis we have scarcely even entered the solemn portals of our art."

THE REPORT UPON GYNÆCOLOGY.

By W. L. Lincoln, M. D., of Wabashaw. From the Transactions of the Minnesota State Medical Society, 1872.

We are sometimes asked by persons who have passed the prime of life why are diseases of the womb and its appendages of so much more frequent occurrence than formerly. Say they, "You never used to hear of these diseases forty years ago; women must be growing more sickly every year? Who of us has not at some time heard observations akin to these? The answer comes to us in the form of a question worthy of more than a passing notice. Has this branch of our noble calling been neglected in the epoch from which we have just fairly emerged? And if so, why?

The successful study and treatment of diseases of the womb and its appendages demands patient toil, faithful labor, and study, and sometimes a large stock of patience will be exhausted before any good results of a permanent

character will reward the practitioner, or encourage the patient.

You are called for a fracture, in an hour you have dressed the limb, and if in the country, you re-arrange the bandages and splints on the eighth day, and dismiss the case with the injunction to send the splint to your office when they permanently leave it off, having in all cases charged them with the value of the splint with the charge of the first dressing, unless they were *very* poor; if the case is in the village or city you look in a few times when you are at leisure. You diagnose a case of pneumonia, in twelve days your patient is convalescent, or will not longer require your services, and even in continued fever the sixth week is not passed before your patient will hail the butcher with as hearty a smile as he can afford you; but when once the maternal organs are in a diseased condition, and the patient thinks she ought to recover faster than she does, then comes your trial. Then the dash from your carriage swiftly through the hall to the bedside or the easy chair, the glance at the tongue, the finger on the pulse, with the eye on the watch for fifteen seconds, and then the druggist's blank on which at the bottom you write, "Take a teaspoonful every 4th hour," will not answer the demand of one worn and weary with a diseased organ, which affects both body and mind more than any other disease to which flesh is heir to.

To treat successfully this class of cases, we must inspire confidence in ourselves by a studied devotion to the task before us; by bringing to our aid all the wisdom of our predecessors, and by patient study and observation, ever striving to save the wheat and put far behind us the chaff which might otherwise encumber our progress. And, first of all, while we should ever help the patient to look on the bright side of the prospect, it is eminently wise and safe to set forth these facts that a cure of many

forms of diseased action is not the work of a day nor of a week, and often these periods must be multiplied before a permanent relief is obtained, and while there is certainty of relief, and hope of final cure may be inspired, that deviation from your rules which must be like those of the Medes and Persians, may be followed by relapses, provoking both to patient and physician.

The queries issued by your Committee on this subject did not meet with so full a response as did those on the subject of Obstetrics, hence our little Preamble. The form of disease most often met with is reported differently by different observers, yet everything tends to locate the large per cent. at the neck of the uterus, and displacement as a cause or consequence is very constant. Acute endometritis and acute metritis have been observed as prevalent, and nothing worthy of particular note in treatment or results has been elicited. In answer to, as we think, a very important question, is chronic cervical metritis of frequent occurrence, the responses are varied from "Don't know," to a full and complete statement of the subject in all its bearings, and we feel that we are not saying too much when we say that he who best appreciates this subject and faithfully applies his knowledge and experience, is indeed a benefactor of his race.

An observation in one of the replies we deem worthy of note, and we say, verify it, or prove it not true. It is this: "Patients coming to this climate with chronic cervical metritis are apt to exhibit, after a short residence, the acute form." If that is so, and we see no reason to doubt the correctness of the observation, the time for treatment with the best prospects of success, is during the acute stage and before the disease again becomes chronic, which will be the inevitable result if left without prompt and well directed treatment.

To the question calling for the detailed method of

examination in supposed cases of uterine diseases, it is no flattery to say that this Association, judging the whole from the few who have reported, need not be ashamed of its members. The talented, and justly popular teachers of modern times, are the patterns followed by the members of this Association. With the educated touch, both single and bimanual, the delicate flexible probe of Sims supplemented by his speculum, when, as is promised, it shall become *self-supporting*, we are certainly on the right road to a correct diagnosis and to a rational treatment.

The question as to the reflex action of uterine diseases upon the lungs seems to have been too much ignored by most who have reported to this committee, comparatively few replying to the question, but enough to show that different observers look upon the subject in a different light. While some attribute almost all lung diseases to reflex action (which would suggest the inquiry, why then should males suffer from diseases of the lungs at all?), other observers find few or none thus affected. More careful observation and study should be the order of the day. Brethren, we are together out in the same morning twilight; we should see the same stars fade and disappear, and together behold the same full-orbed light of the bright and coming day. Cast aside, then, the fog and mist which will ever obstruct the view of the sluggard, bend the willing back to patient toil, and when, in the coming year, a new committee shall solicit you for material for a more able and extended report, come up to the work, not with the replies from forty alone, but with the additional hundred who have thus far kept silence; then will this society be worthy of its name, an honor to the State, and a blessing to its inhabitants.

(To be Continued.)

EDITORIAL NOTE.

Our friend and colleague, Dr. H. R. Storer, sailed with his family for Europe on the 5th inst. We are glad to announce their safe arrival out, after a short passage. Recent letters report his having borne the fatigues of the voyage tolerably well, and as being as well as could be expected under the circumstances. Dr. Storer will spend the autumn in Germany, and the winter in Italy. We hope the genial climate of the Mediterranean coast will do much toward restoring his health.

G. H. B.

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PROCEEDINGS OF THE SOCIETY.

[*Reported by I. H. Hazelton, Secretary pro tem.*]

SEVENTY-FIFTH REGULAR MEETING, APRIL 16, 1872.

The seventy-fifth regular meeting of the Society was held on April 16th, at Hotel Pelham. Present, Drs. Blake, Dow, Hazelton, Martin, Warner, and Weston; and Dr. Ross of Hudson, Mass., Corresponding Member, and, by invitation, Dr. Redford. In the absence of the President, Dr. Martin was called to the chair, and Dr. Hazelton was appointed Secretary *pro tem*. In consequence of the absence of Dr. Bixby, the reading of the records of the previous meeting was dispensed with.

The Secretary read a letter from Prof. F. M. Robertson of Charleston, S. C., enclosing his photograph.

Dr. Blake reported the following case: Three years ago a young woman came under his care for fissure of the rectum. She had been married from seven to nine years, and had not been pregnant during the whole time. She was a very sensitive person, and could bear but little pain.

Entered according to act of Congress, in the year 1872, by HORATIO R. STORER, M. D.,
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Medicines generally disagreed with her. She formerly suffered from dysmenorrhœa. When he first saw her she was complaining of neuralgia, pain in the abdomen, dyspepsia, constipation with painful defecation. Examination caused pain, and the genital organs were under-sized, the uterine cavity measuring less than a quarter of an inch. The introduction of the sound occasioned pain. An examination of the rectum could not be tolerated, so ether was administered. An indurated fissure of the rectum was detected, for the treatment of which the sphincter was ruptured; after this he began to treat the uterine trouble by means of sea-tangle tents and galvanic pessaries; the latter continued a little over two years. During this time she suffered from profuse leucorrhœa, attended by excoriations and spasms of the vagina; these conditions rendered coitus exceedingly painful. It became necessary to relinquish the treatment for a time until the use of the tents could be better tolerated. Ten days ago he had the pleasure of delivering her of a fine, healthy child. The neuralgia still existed.

Dr. Martin asked if the dysmenorrhœa was not mechanical. Dr. Blake thought not.

Dr. Martin desired to be informed in regard to the condition of the rectum.

Dr. Blake replied that the rectum was in a healthy condition, with the exception of the piles.

Dr. Martin said that when there was any spasmodic trouble of the vagina, Dupuytren had said that it was almost invariably connected with fissure of the rectum.

Dr. Warner thought it was of no use to treat the uterine trouble until the rectum was cured.

Dr. Martin said that in one of his first labor cases he had found this condition, and incised it. The case terminated very favorably. He doubted the propriety of rupturing the sphincter.

Dr. Warner related a case of fissure where he ruptured the sphincter, and applied the acid-nitrate of mercury, with a good recovery.

Dr. Martin said that true fissure of the rectum was a very rare disease, and thought that dividing the mucous membrane and a few fibres was sufficient. He did not think it necessary to submit the patient to two severe operations.

Dr. Warner also thought the disease was of rare occurrence, and that induration was pathognomonic of the disease.

Dr. Martin said that the induration was generally found between the folds of the mucous membrane.

Dr. Blake thought that both methods gave the same result. In all of his cases the patients did well, but he preferred the method of suddenly rupturing the muscle, and so paralyzing its action. He was under the impression that when the incision was employed, it should be free.

Dr. Martin thought not, and related a case that was treated for piles without success. In this case efforts had been made to keep the bowels constipated, because the patient had suffered so much at stool ; upon coming under Dr. Martin's care an examination revealed a fissure of the rectum. It was treated with slight incisions, with very little pain, and the patient made a rapid recovery. Trousseau says that fissure of the rectum is curable with the infusion of rhatany. Dr. Martin did not agree with the learned master, and thought there must have been an error in diagnosis. Considering the rarity of the disease, he believed that Trousseau reported too many cases ; he undoubtedly confounded excoriations with true fissure.

Dr. Warner also did not believe in the use of rhatany.

Adjourned.

SEVENTY-SIXTH REGULAR MEETING, MAY 7, 1872.

[Reported by *George Holmes Bixby, Secretary pro tem.*]

The seventy-sixth regular meeting of the Society was held on the evening of May 7, 1872, at Hotel Pelham. In the absence of the President, Dr. Weston was called to the chair. Present, Drs. Wheeler, Weston, Hazelton, Keniston, and Bixby; and Dr. O. L. Ross of Hudson, Corresponding Member. The reading of the records of the last meeting was passed over by vote. Dr. Bixby said that he had been delegated by Dr. H. R. Storer to state that owing to a painful illness, which has already confined him to his bed for more than four weeks, and bids fair to do so much longer, he is compelled to tender his resignation as Secretary. Upon the motion of Dr. Wheeler, seconded by Dr. Weston, Dr. Storer's resignation was temporarily accepted, and Dr. Bixby was chosen Secretary, *pro tem.*

The Secretary read the following letter from Dr. Blake, an active member: —

183 HARRISON AVENUE, BOSTON, May 7, 1872.

Editors of the Journal of the Gynecological Society.

GENTLEMEN, — In the April number of our Journal, page 250, paragraph four, I am reported as replying to Dr. Warner, as follows: "Dr. Blake replied that he would never give chloroform in any event whatever. Gentlemen in this city had pronounced it an improper agent; and this being the case, he did not think he would employ it, even to save the life of a patient." I wish to have the above corrected in justice to myself, never having made use of the language attributed to me. What I did say was, that I should always give the preference to ether where it was in my power to exercise it, chloroform having been repeatedly proved to be a dangerous agent, not

only in this, but every other city and country where it has been used. As for the last sentence, I should be very sorry to be considered so careless of the lives of my patients as to refuse to assume the additional risk attending the administration of chloroform in order to save them.

Very truly yours,

JOHN G. BLAKE.

The Secretary read a short paper from Dr. J. F. Fitts of Francestown, N. H., on

THE MANUFACTURE OF SUPPOSITORIES WITH PAPER MOULDS.

“Dear Doctor, — After reading the article on suppositories, by Dr. Field, in the April number of the Journal of the Gynæcological Society, it occurred to me that perhaps it might not be generally known that a very serviceable mould can be made of paper ; indeed, for us who practise in the country, and at a long distance from a druggist, I think, for ordinary purposes, it really is the most serviceable of any thing we have at hand. The use of metallic moulds also requires a certain amount of skill not always attainable by a busy practitioner. My own attempt to use them was quite ludicrous, and so far a complete failure ; with paper moulds I have been more successful. They are made as follows : First prepare a wooden conical form ; on this form wind the paper (either writing or strong brown paper which is not very porous will do), fasten with gum tragacanth, and allow it to dry. . When dry remove the form ; trim, and it is ready for use. Pour in your ingredients, cool, then tear off the paper, and you have a very serviceable suppository ; not so nice as the apothecary will make, but sufficiently so for all practical purposes. I often do, as Dr. Field suggests, make the

suppository of cocoa butter, then into a hole in the base introduce morphia, &c., and seal with a little of the butter slightly warm. In this way we are sure how much medication each suppository contains, which is very important with powerful alkaloids; whereas, in the other case, a little carelessness in mixing would make them of variable strength. The idea of paper moulds is not original with me. I saw the suggestion in some medical journal."

Dr. Weston exhibited a specimen resembling grape skins, which had been dejected from the rectum of a patient under his care. She had suffered periodically from a chronic diarrhœa, attended with more or less pain, and a peculiar painful sensation in the bones, and more particularly in the frontal bone. The treatment consisted in the use of hydgr. cum-creta, and was followed by some improvement. The specimen had been microscopically examined, and found to be intestinal mucous casts. The peculiar color was owing to the use of iron.

Dr. Bixby referred in this connection to a case that he had formerly presented to the Society, which in some respects resembled the present one. His case was one of twelve years' standing, and attended with the most serious symptoms. He had watched it with great care, and, notwithstanding, had been puzzled as to its true nature. At first he considered it of a purely reflex nature, from coexisting uterine disease, and remedies were accordingly applied in that direction. The latter yielded to appropriate treatment, but the intestinal trouble persisted. During the two years that the case had been under his care, he had consulted all the authorities within his reach, without deriving much satisfaction. Some months since he was highly gratified by reading an article by Dr. Da Costa of Philadelphia, in the *American Journal of Medical Sciences*,* entitled "Membraneous Enteritis." The

* October, 1871.

article referred to is a most exhaustive one, and written with the characteristic clearness of its author. Dr. Bixby did not remember when he had read a paper that had afforded him more satisfaction. He believed, with Dr. Da Costa, that the disease is far more common than is generally supposed. It was a subject so interesting to every gynæcologist, that with the author's permission he should quote very largely from the paper in the gynæcological summary of some future number.

Dr. Wheeler said that he had seen a case like that described by Dr. Bixby, attended, as he thought, by hysteria. The physician under whose care the patient had been, declared that the membranes which the patient dejected in considerable quantities were not passed by the rectum, but were manufactured for the occasion. Dr. Wheeler further said that he had watched the case with great care, and could testify to the seriousness of the symptoms. She suffered from constipation, alternating with complete relaxation. At the first movement of the bowels, the shreds of membrane would be dejected in quantities sufficient to attract attention. The action of the bowels was followed by great prostration, from which the patient gradually rallied. Dr. Bixby stated that the symptoms in Dr. Wheeler's case were precisely like those in his patient, except that the prostration was often so great and prolonged as to cause alarm. Dr. Hazelton mentioned the case of a woman who, after miscarriage, had not had a movement of the bowels for ten days. A full dose of oil resulted in bringing away a large mass of membrane like that above described.

Dr. Weston read the following letter from a physician in New Hampshire to a confrère in Boston, consulting him in regard to the case of his own wife:—

“My wife has been quite an invalid for the last six months. A good deal of gastric irritation; stomach in-

tolerant of food ; disposition to retching ; vomiting at times with flatus, though she has been about till within a fortnight. She has looked sallow ; occasionally ejected vitiated bile. I gave her blue pill, with effervescing aperients. The alleviation was only partial. Nausea troubling her, I resorted to bromide potass., with temporary benefit. Soon her mouth became aphthous, and this extended apparently through the whole alimentary canal. About two weeks since she complained of troublesome bearing-down sensation, the water becoming very turbid and bloody. This alarmed me very much ; and so rapidly did she fail, that I was apprehensive that she would not get over it. The disease seemed to attack the kidneys and bladder. But with appropriate remedies, the formidable symptoms were arrested. I examined the bowels particularly, and found no tenderness, inflammation, tumefaction or uterine trouble ; the whole difficulty seemed to culminate in extreme aphthous and sub-acute inflammation of alimentary canal. The constitution so far sympathized, that she became very faint, prostrate, and delirious. For some hours we could hardly keep life in her. By resorting to all appliances of heat and gentle stimulants, we finally got her over the worst of it. Yet she is somewhat delirious, but most of the time conscious. Pulse about 90 ; good volume ; skin soft ; heat of surface very good, and in many respects improving ; but still the distress after food, sore mouth, and windy distention, continue to annoy her. I have tried bismuth and pepsin, with some success. Narcotics, antispasmodics, and tonics she cannot endure. Now, what shall I do ? I give you a mere outline of her case. Can you suggest any course to be pursued ? I should have observed that her water is all right. Now there is no pain of any kind. She appears a little comatose and a little constipated. Her age is 63. The whole mucous membrane appears involved. I can detect no en-

largement or tenderness of any organ. Whole abdomen rather flabby, and can be kneaded without pain. Until within a few months, health sound and vigorous; never sick. The sallow look would denote some liver trouble, but I cannot satisfy myself as to the cause. Will you give it a little consideration, and answer me as your judgment may dictate?"

At the close of the reading of the letter, Dr. Weston asked the members for their opinion of the diagnosis in the case.

Dr. Hazelton asked if there had been much bromide of potassium administered, as the excessive use of that drug was apt to cause apthous of the mouth. Dr. Weston did not know.

Dr. Blake inquired if mercurials had been employed, and, further, said that it might be a case of biliousness, from congestion of the portal system, with loss of tone of the stomach, and that possibly the old gentleman had been treating his patient upon the old system. Dr. Wheeler agreed with Dr. Blake, but thought there might be some severe affection of the liver. Dr. Weston stated that the diagnosis was Bright's disease.

Dr. Blake stated that during his term of service at the City Hospital, he had enjoyed excellent opportunities for the study of Bright's disease, and in the symptoms above described he had failed to recognize a single one of that disease.

Dr. Weston said that mental aberration was a symptom of Bright's disease.

Dr. Blake thought it might occur in very old people. Dr. Wheeler thought that when so serious a symptom as that was present, the case was a hopeless one.

The following letter shows the progress of the case, the treatment employed, and the result:—

"Dear Doctor,—Your kind letter of sympathy and

advice came to hand yesterday, for which I am under renewed obligations. I am happy to say my wife is very much better, and the formidable prostration and aberration have in a great measure disappeared. The tongue is very much improved, and the intense redness and glazed aspect is fast receding. Food is retained and vomiting ceased. As to your diagnosis, I yield to your judgment, because I have never encountered severe uremia, and I trust, as appearances are more favorable, there is less reason for apprehension; the potass seems to be doing good work, and I shall continue it. One marked effect is the intense itching of the whole surface, which I hail as a sort of derivative to mucous membrane of canal and kidneys. May not the disease be eliminated in this way? Bismuth and pepsin I have found useful. Wife is able to sit up, and has walked."

Adjourned.

THE SEVENTY-SEVENTH REGULAR MEETING, JUNE 4, 1872.

[*Reported by George Holmes Bixby, Secretary pro tem.*]

The seventy-seventh regular meeting of the Society was held on June 4, 1872, at Hotel Pelham. In the absence of the President, Dr. Weston was called to the chair. Present, Drs. Hazelton, Weston, Bundy, and Bixby; and, by invitation, Dr. Silas P. Holbrook of Boston. The records of the last meeting were read and accepted.

The Secretary read letters in acknowledgment of their election as Corresponding Members, from Drs. F. Winckel of Dresden, H. Vorsemann of Halle, and H. Reinann of Kiew, Russia.

A letter was read from Dr. Lawson Tait of Birmingham, England, with his photograph enclosed.

The following donations to the Library were announced: from Prof. Spiegelberg of Breslau, his monograph on the

Restoration of Prolapsus of the Uterus and Vagina ; from Dr. D. F. Frankle of Breslau, his memoirs upon Fibrous Polypus ; Observations upon Placenta Prævia ; Observations upon the Crouching and Knee Position of the Parturient, and Calcification of the Placenta.

A letter was read from Dr. Robert Batty of Rome, Ga., asking the opinion of the members of the Society as to

THE PROPRIETY OF THE PERFORMANCE OF NORMAL OVARIOTOMY IN A CASE OF ABSENCE OF THE UTERUS WITH EXCESSIVE NERVOUS IRRITATION.

ROME, GA., May 21, 1872.

Dr. D. K. Storer, Boston.

My dear Sir, — Will you excuse the liberty which I take, as a stranger, of asking advice of you in a matter of gynæcological surgery? If so, I will state my propositions.

Five years ago or more, I was charged with the care of an accomplished young lady of twenty-one, perfect in all her physical development, save only arrest of development of the uterus, — there being only a mere button at the apex of the vagina. She had long suffered with violent perturbations, consequent upon unrelieved menstrual nixus. She seemed to me but too surely and rapidly hastening to her grave, — a few short months realized the end. I said to myself if I could but relieve her of her *ovaries*, I should probably remove with them the *cause* of all the distressing symptoms. But how could I presume to do such a thing? I searched in vain for a precedent, for an authority.

Let us suppose a case. A mother asks me, “What, doctor, is the matter with my daughter, which so imperils her life?”

“Madam, she has no womb ; she cannot menstruate ; it is beyond the art of man to cause her to menstruate.

The failure to menstruate induces these violent perturbations, which must needs destroy her."

"But, doctor, is there no remedy? Is there nothing you can do to ward off the impending doom?"

"Yes, madam, there might be. I might open her abdomen and remove her ovaries; the impulse of the menses would be destroyed; she would be suddenly brought to the change of life. The cause of her maladies would likely be removed."

"Then, doctor, why not do this? We are prepared for any thing that offers a ray of hope."

"Madam, I am *afraid* to do such a thing; it is unprecedented, and my brethren would condemn me for taking such a responsibility. Besides, it would endanger her life."

"But, doctor, she will surely die unless *something* is done, and you tell me there is nothing else now that is hopeful. Must my daughter die hopelessly for want of a precedent, and because other doctors don't think that she ought to be relieved in this way? Why not *make a precedent*, and open up an avenue of hope in the future for such deplorable cases?"

Now, I would like to ask you, is it not reasonable to presume that the removal of the ovaries in this case, before fatal lesions had occurred, would have rescued the patient? Was it not my duty to have given my patient this chance of rescue?

As far as I know, my proposal is original and unprecedented. With many this alone would be sufficient answer to my question; but I am free to confess that it is not quite satisfactory to myself. What I earnestly desire to know is, is it reasonable? Is it correct in principle?

If the answer to my questions be adverse to my preconceived opinions, then indeed is the whole matter settled. But if I can be sustained here by reason and analogy, then

I propose to argue further, that my case now in hand, of *incurable amenorrhœa*, of sixteen years' duration, — at present strongly jeopardizing life by similar perturbations, having resisted for years well-directed and diligently used means, both local and general, — *is likewise fit subject of similar rescue.*

Does not such a case present as strong claims for operative interference as an ovarian cyst? Is an exploratory incision for diagnosis any more justifiable? Is the incision in search of intestinal obstructing band any more so?

You will much oblige,

Respectfully, your obedient servant,

ROBERT BATTEY.

Dr. Hazelton said that if he were sure of the diagnosis, namely, that all the suffering she complained of was owing to ovarian irritation, he should certainly favor the operation proposed by Dr. Batty. He further stated that, after all, the ovaries seemed to play the most important rôle in the sexual organization of woman, and he was inclined to think that the motto of the Society should be "Propter Ovarium," rather than "Propter Uterum."

Dr. Weston agreed with Dr. Hazelton. Dr. Bundy said he should give the matter the most serious consideration before operating.

Dr. Holbrook said that the removal of the ovaries in the human female would be but carrying out a principle so often enacted upon the lower animals, and almost invariably without any detriment to their future well-being.

Dr. Hazelton wished to know what part of the uterus was represented by the little button at the end of the vagina referred to in Dr. Batty's letter.

Dr. Weston thought it might be the fundus.

Dr. Bixby thought this could hardly be true, according

to the theory of Thier ; namely, that the vagina and uterus were formed by the fusion of the branches of Muller's canal, and that this fusion takes place in the middle. He should sooner suppose it to be a portion of the cervix. A microscopical examination would be likely to settle this point.

Dr. Bundy desired to know whether a surgeon under such circumstances was justified in withholding relief for want of a precedent.

Dr. Bixby stated that this matter of ovarian irritation, from whatever cause, was exceedingly obscure. The following cases have come under his observation. In two of them, absence of the uterus was not the cause of any particular ovarian irritation, and in the other it was unquestionable. The first case was that of a young woman eighteen years of age, who had never menstruated. She had experienced the menstrual molimen, with enlargement of the breasts every four weeks since her fourteenth year. She suffered continually during these years, from the most serious nervous manifestations, which often resulted in hysterical convulsions. I saw the patient years after, and an examination revealed the following : *mammæ* fully developed ; external genitals, normal ; the vagina a mere cul-de-sac, less than three-fourths of an inch in length. A most careful and prolonged examination, with a finger in the rectum and a catheter in the bladder, failed to detect the least sign of a uterus. A change of climate exerted a wonderful influence upon her general health. The consciousness of her physical imperfections made no impression upon her mind. The second case was one he had seen with Dr. Warner. The patient was a young German woman, and had been married two years. The *mammæ* and external genitals were normal, but the vagina was a mere depression ; not the slightest trace of a uterus could be found ; there were no nervous manifestations present, but the patient, although a small person, when

partially under the influence of ether exhibited an incredible amount of strength. She lived cosily and happily with her husband, and consulted Dr. Warner for her sterility. The third case was that of a young woman aged twenty-two ; there had been signs of ovarian activity since the eleventh year, manifested by general molimen every month. The mammæ and external genitals were normal, the hymen intact, and the vagina ended in a cul-de-sac half an inch behind the latter. By the usual method of examination, no uterus could be found ; but in the right hypochondrium there was noticed a tumor almost the size of the fist, that pulsated with nearly the same force as the aorta. In regard to the nature of this tumor he was still in the dark. At a meeting of the Suffolk District Medical Society, where he afterwards related the history of this case, Prof. J. B. S. Jackson thought, in commenting upon it, that the swelling in the hypochondrium was in some way connected with the vagina ; possibly by a small rudimentary strand, that represented the undeveloped uterus. The patient's disposition was peculiarly effeminate. Her general health was not very good, but there were no nervous manifestations present. She was not informed of her condition.

Adjourned.

SEVENTY-EIGHTH REGULAR MEETING, OCT. 8, 1872.

[*Reported by George Holmes Bixby, Secretary pro tem.*]

The seventy-eighth regular meeting of the Society was held on the evening of October 8, 1872, at Hotel Pelham. The President in the chair. Present, Drs. Lewis, Perkins, Warner, Bundy, Keniston, Cutter, Bixby. The reading of the records of the last meeting was dispensed with by vote.

The Secretary read letters in acknowledgment of their

election as Corresponding Members from Drs. J. W. Bright of Lexington, Ky.; Henry Boynton of Woodstock, Vt.; H. Leopold of Glauchen, Germany; J. P. Roppel of Montreal; C. L. Mitchel of Brooklyn, N.Y.; J. C. Hibbard of Ashtabula, Ohio; Dismas Kuhn of Salzburg; Lawson Tait of Birmingham, England; Alexander Milne of Edinburgh; and E. J. Oatman of Sacramento, Cal. Applications for active membership were received from Dr. Silas P. Holbrook of Boston and Dr. O. G. Ross, of Hudson, Mass.; for corresponding membership, from Dr. A. L. Turner of Bloomsburg, Pa.

The following donations to the Library were announced: from the Royal Society of London, its Transactions for 1871; from Dr. Schroeder of Leipsig, his Essay upon the Aetiology of Ante and Retro-Deviations of the Uterus; from Samuel C. Busey of Washington, D.C., his paper, entitled "An Inquiry into the Nature of Uterine Supports and of the Causes of Displacements;" from Dr. Kuhn of Salzburg, the following monographs by himself: Observations upon Placenta Prævia, 1867; Faulty Retention of the Fœtus during Labor, 1869; the Advantages of Dr. Braxton Hicks's Method of Turning, 1869; Prevention of Abortion, 1867; Puerperal Metrorrhagia, 1869; Spontaneous Involution, 1864; Observations from the Obstetrical Clinic of Salzburg, from October 1, 1867, to December 31, 1868; from Dr. C. F. Schatz of Leipsig, Report of the Gynæcological Section of the Convention of German Naturalists and Physicians, held at Leipsig from the 12th to the 17th of August, 1872; from Dr. William Alexander Freund of Breslau, the following monographs by himself: the Relations of Certain Diseases of the Lungs, with Primary Anomalies of the Costal Cartilages, 1859; a New Case of the Deformity of the Abdomen and Pelvis in a Young Woman aged Twenty-three, 1859; Granular Affection of the Stomach, 1852; the Pathology and

Treatment of Chronic Inversion of the Uterus, complicated by Prolapsus, 1870 ; a Treatise upon the Histology of Costal Cartilages, normally and pathologically considered ; from Prof. Giovanni Battista Fabbri of Bologna, his Discourse upon the Ancient Obstetrical Museum of Giovanni Antonio Galli ; from Prof. Nüssbaum of Munich, his paper on Denudation and Stretching of the Spinal Nerves.

The Secretary read the following letter from Dr. H. Bill of Fort Vancouver, Washington Territory, in answer to a note addressed to him by Dr. Storer, while the latter was in California : —

“ As for ovariectomy, I do not think that the operation has been made, and I have not heard of an instance of ovarian disease in Oregon or Washington Territory. The only case supposed to be of this character I know, was not ovarian, but a psoas abscess. In this case, an itinerant preacher and doctor practised, as he said, a new operation, making a crucial incision into the thigh, hooking his finger under Poupart’s ligament, seizing the supposed ovarian cyst, and then breaking it down and dragging, as he alleged, the whole tumor through the crucial incision. Unfortunately for the plan, the operator was deluged with pus, and he concluded to postpone further interference. There were present at the operation several medical men in good standing, and certainly of the largest practice in Portland. Subsequently, the case came under my care, when I had no difficulty in detecting the spinal origin of the trouble, and diagnosing psoas abscess. My opinion was subsequently confirmed, I have heard, by an autopsy, at San Francisco. To show that my statements were not exaggerated, I send you a pamphlet, the production of a ‘ doctor ’ in Portland. This man and ten others comprise a ‘ medical society,’ and, under State laws, they presume to issue diplomas. I know, at any rate, of one case in which

such issue has been made. This doctor is met in consultation by several of those who are considered to be in good standing. I do not believe that the diagnostic skill to differentiate uterine and ovarian tumors in their varieties from one another, or collectively from ascites, exists in this part of the country. It is all dropsy, and that is the end of it. Of what value, then, can any report be, coming from such a source? A friend of mine was called recently to a case where an old physician was endeavoring in vain to apply the forceps to the breech of a child. I saw a case last year, where another old physician, after having ruptured the womb with ergot, was endeavoring to perform craniotomy with a jack-knife. The truth is, it is only this class of men who succeed here, for they are neither in the advance or rear of their patients in education or ordinary intelligence. A capable and honest doctor would not be appreciated."

Dr. Warner desired to call the attention of the Society to the action taken at a recent meeting in regard to the acceptance of Dr. Storer's resignation as Secretary. If he understood the proceedings of that meeting correctly, his resignation was accepted, and a successor appointed, which, under the circumstances, was lacking in courtesy.

Dr. Bixby replied that Dr. Storer placed his resignation in his hands with instructions to present it to the Society. He did so, and upon motion of Dr. Wheeler it was accepted; and under the same motion a successor was appointed. For his part, he supposed that the appointment of the successor was but temporary, as it had been done repeatedly during the Secretary's absence and illness. It was his impression that Dr. Wheeler so understood it.

Dr. Warner thought that if the report, as it now stands, implied what Dr. Bixby stated, then there must have been some changes made in it. Dr. Bixby defended the members present at that meeting from the accusation of dis-

courtesy toward one to whom they were all so much indebted. He desired to have it distinctly understood that it never has been, and never will be, his ambition to assume honors which are not rightfully his own. In regard to changing the report, he would state that at the first reading, it was from rough notes. When prepared for the printer, in whose hands it was at present, he had condensed, but not changed, one iota of the original sense.

Dr. Warner stated that he received documents signed simply "Secretary."

Dr. Bixby reminded Dr. Warner that the notifications were printed; and in his case, as in that of the other gentlemen to whom he had sent the notices, he had, from inadvertency, omitted to add the word "pro tem."

The President wished to know how the Secretary pro tem. had been elected. Dr. Bixby stated by nomination.

Dr. Warner stated that the election of a Secretary, according to the Constitution of the Society, could not take place except at an annual meeting.

Dr. Bixby stated that the Society were well aware of that fact when they voted for a Secretary pro tem.

Dr. Perkins thought that the report had better stand as originally made.

The Secretary stated that at a previous meeting of the Society a letter was read from Dr. Robert Battey of Rome, Ga., in which certain questions were propounded in regard to the justifiability of an operation he then had in contemplation; namely, —

THE REMOVAL OF THE NORMAL OVARIES IN A PATIENT WITH
ABSENCE OF THE UTERUS.

The following letter announces the successful performance of the operation at the menstrual epoch: —

ROME, GA., 30th August, 1872.

My dear Sir, — I write to say that I have, on the 17th instant, removed the normal ovaries to effect immediately the “change of life,” in a case of distressing and threatening amenorrhœa, which was the subject of my letter to you some time ago. It is now the fourteenth day, and I can say with confidence she is now beyond peradventure in her recovery.

I have been bold enough, for reasons, to do this operation just as she was on the eve of her menstrual crisis, and have been privileged in the opportunity of holding between my fingers and exhibiting to others *the living human ovary in the very act of its most vital function, — ovulation!* This I believe to be unique in the annals of surgery and physiology.

By my interposition I have succeeded most completely in my expectation of arresting at once the menstrual molen, and thus warding off an attack which, in my judgment, *would have caused her as much suffering and peril to life as would and has the operative procedure to which I have subjected her.* This opinion is corroborated by the observations of the patient and her friends, as far as they are judges.

In due time I hope to lay on your table in print the full particulars. With a grateful appreciation of the kindly encouragement you have given me in this matter, I am, doctor,

Respectfully yours,

ROBERT BATTEY.

The Secretary read a letter from Dr. J. W. Cowden of Bellevue, Iowa, detailing the history of a case of

DEATH BY THE USE OF VAGINAL INJECTIONS WITH A DAVIDSON'S SYRINGE.

“Mrs. N. H., a strong, healthy woman, weighing 135 lbs., æt. 25. Had puerperal fever.

“During the course of the disease, a ‘Davidson’s Extension Syringe’ was used for vaginal injections; a gallon or more of a decoction of hops being run through the vagina at each injection. The syringe was used morning and evening.

“On the morning of the sixth day I found her in good spirits, and receiving the congratulations of her friends. Free from fever, the thermometer $98\frac{1}{2}^{\circ}$, pulse 72.

“Discharged the case. Before leaving the house she asked me if she should continue the injections, saying that she had always felt better after using them. I informed her it was no longer necessary, but to consult her own feelings in the matter, as they could not do any harm; and if she felt better after using them, she might, for a while, use the syringe once a day.

“About ten o’clock that evening, her husband having been busy up to that time in his store, they prepared to give her an injection. The injection had only fairly commenced moving through the vagina, when she threw up her hands, exclaiming, ‘Oh, I feel so bad!’ and immediately went into a convulsion, the convulsive movements continuing about five hours, after which she remained comatose, and died eight hours from the commencement of the attack.

“No post-mortem allowed.

“During the convulsion, the tongue was protruded between the teeth, the jaws rigidly fixed. The whole body was in an almost constant tremor; for several hours you could feel the muscles fairly quiver beneath the skin. At the commencement, the surface of the body and extremities were very cold, the pulse soft and about 70; but when reaction came on, the pulse increased in frequency, and ran up to near 150 at the termination of the case.

“Treatment — Dry heat, mustard sinapisms, frictions with hot turpentine, and stimulating injections, until the

warmth of the surface was restored; hypodermic injections of morphia and inhalation of chloroform. The chloroform, not meeting the indication, was only persevered with for a short time.

“Believing the unhappy termination of this case to have been caused by the injection, I, therefore, briefly report the case to your honorable Society, hoping for your criticism; and would also inquire whether a like result has ever been known or reported before.

“Dr. J. J. Reed was consultation in the case.”

A letter was read from Dr. Anson Ford, of Butte City, Montana, upon the use of

VERATRUM-VIRIDE EXTERNALLY APPLIED IN A CASE OF SUSPECTED MAMMARY CANCER.

“The women of this region are, as a general thing, remarkably healthy and free from complaints incident to females, and requiring little or no assistance even in parturition; yet I cannot resist the desire to mention a case, that fell under my treatment recently, of what seemed to be cancer of the breast; all the symptoms of carcinoma being present. The whole left gland was indurated; with this there was present the most excruciating pain. In the absence of all the remedies usually exhibited, I tried the experiment of applying to the entire gland Norwood's tincture of veratrum viride. I kept a cloth saturated with this solution over the gland, and covered the latter with oiled silk to prevent evaporation. I was astonished at its immediate and almost magical effect. Within three weeks an entire cure was accomplished, and there has been no symptom of a return, although it was over seven months ago. I attribute the cure entirely to the hellebore, and I should very confidently rely on the agent in a similar case. It might disappoint me, yet I feel like recommending it to the profession.”

The Secretary stated that in the Summary of the July number of the Journal,* he had taken the liberty to quote freely from a discussion which took place at a meeting of the Obstetrical Society of Philadelphia, by Drs. Goodale and Harris, upon the latter's paper entitled "Early Puberty." In a letter recently received from the editor of the London Bookseller, Mr. J. Whitaker, that gentleman sees fit to criticise Dr. Harris as follows: —

OFFICE OF THE BOOKSELLER, 12 WARWICK LANE, PATERNOSTER ROW,

LONDON, E. C., 22 August, 1872.

DEAR SIR, — I very much regret to see such statements allowed to appear in your excellent Journal as those which I find at pages 56, 57, 58, of your July number:

No doubt there is plenty of crime and vice in this country, — a great deal too much, — so there is everywhere; but to assert that the "English peasantry are more demoralized than those of any country of Europe," and the reference to public lodging-houses, &c., &c., — all this is absurd and untrue; so absurd that it is almost ludicrous. A dozen people capable of sexual intercourse in *one bed*! Ye gods, what a bed! Is there one all through the Union that could contain as many? Then about father and mother putting their children through such attitudes! I of course cannot speak of Mr. Mayhew, or of the society he frequents; but I once heard an Englishman, who had been to the States, say that all the ladies there were lousy; the reply made was, We need not inquire who your lady friends were after that.

As I observed, there is plenty of vice; but, statements such as those in your Journal can only refer to some isolated cases, — if they ever had any existence at all

* See this Journal, July, 1872, pp. 56, 57, 58.

except in the brains of the writers, — and I think they should not be carelessly repeated, and certainly should not appear in so respectable and well conducted a periodical as the *Gynæcological Journal*.

I have the honor to be

Yours very faithfully,

J. WHITAKER.

The Secretary remarked that he had sent a copy of this letter to Dr. Harris, and extended to him the pages of this *Journal* for any reply that he might wish to make.

The Secretary read a paper upon

PROLONGED METRORRHAGIA, CAUSED BY MINUTE POLYPI,

by Dr. J. G. Pinkham of Lynn; also a paper by Dr. Pinkham entitled

PELVIC CELLULITIS PRODUCED BY THE USE OF SPONGE-TENTS.

[Dr. Pinkham's article was published in this *Journal* for October, 1872.]

Dr. Bixby stated that he had been called in consultation with Dr. Henry I. Bowditch to see a patient suffering from some urinary trouble. It was twelve years since the first attack, and she has been troubled more or less ever since. For the last two years there had been constant incontinence, with frequent discharges of blood. Upon exploring the bladder with a sound, the instrument, quite at the neck, came in contact with a foreign body. Vaginal examination of the fundus and neck of the bladder, a peculiar grating sensation, like stones rubbing against one another, was imparted to the touch. That very night he introduced a sea-tangle tent, and in the morning, in the presence of Dr. Bowditch, he removed, with a small lithotomy forceps, eleven calculi, ten of which he now exhibited.

Dr. Bixby remarked that the patient was considerably

relieved by the operation, but there was left behind a thickened and chronically inflamed mucous membrane of the bladder, which would require months to restore to a healthy condition. The calculi were examined by Dr. James C. White, and were found to consist of phosphate of soda, and a nucleus of oxalate of lime. Dr. Bixby said that at some future meeting of the society he would give a more complete history of this case.

Dr. Cutter desired to know the thickness of the walls of the bladder.

Dr. Bixby thought they were at least a fourth of an inch in thickness.

Dr. Cutter said he had seen a case of chronic cystitis where the vesical walls were fully half an inch in thickness.

Dr. Cutter asked Dr. Bixby what treatment he was pursuing.

Dr. Bixby replied that he was washing out the bladder, and applying astringent solutions by means of a double catheter. At each session an effort was made to distend the bladder by shutting off the escape and allowing the organ to fill until from the pain it occasioned it could be borne no longer.

Dr. Cutter thought that some sort of an apparatus could be constructed for closing up the urethra, a sort of stop-cock, which by allowing the urine to accumulate the bladder would become self-distending.

Dr. Cutter thought an instrument could be made of rubber.

Dr. Warner objected most earnestly to the plan proposed by Dr. Cutter, for the reason that instead of dilating the walls of a thickened and chronically inflamed bladder, the ureters and pelves of the kidney would sooner yield and become dilated.

Dr. Bixby agreed fully with Dr. Warner, and further thought that it was the accumulation of the urine, its mixture with the profuse mucous secretion of the bladder, that was the cause of so much difficulty in the treatment of chronic cystitis. For this reason it had been his habit to wash out the bladder frequently.

Dr. Warner thought Dr. Bixby's plan altogether the wisest.

Dr. Cutter wished to know if there were ulcerations, or if malignant disease might not be present.

Dr. Bixby thought that the presence of blood which might under certain conditions suggest the idea of malignant disease, in the present case was probably an evidence of congestion and ulceration. The history and duration of the affection militated against malignant disease.

Dr. Cutter mentioned the case of a child about two years of age, who had had great pain and distress in the hypogastrium, which was irrelievable. A large round mass could be felt through the abdominal walls. When the parts were exposed at the autopsy, two membranous tubes ran vertically into the bladder. They were of the same size as the small intestines, and their unusual course excited attention. They were found to be enlarged ureters. The kidneys were dilated to twice the normal size. The walls of the urinary bladder were half an inch in thickness, solid and fleshy. There were no calculi. It appeared as if the vesical disease was the primary one, blocking the entrance of the ureters, and dilating the ureters and kidneys by retained urine. He also alluded to a case of a female seventy-eight years of age, who had a complete cast of the os and cervix of the uterus, and the anterior and posterior utero-vaginal cul-de-sacs. When touched, cut, or clicked, it appeared like bone. But it

effervesced on testing with acid, and microscopically was found pervaded with mucus and epithelium. Within a few months subsequently symptoms of vesical irritation were present. On sounding the bladder, a solid substance was found. The urethra was dilated with a tent, and a large, smooth, whitish calculus was removed without difficulty. The patient recovered without a bad symptom, and is now enjoying good health.

This case occurred in the practice of a cotemporary, and seems to have been one of a peculiar diathesis, and it is probable the disease will recur in spite of injection of diluted nitric acid now employed.

Adjourned.

ENUCLEATION OF A UTERINE FIBROID.

BY J. H. WILLIAMS, MEMPHIS, TENN.

(Communicated to the Society October 7, 1872.)

My patient, Miss W., aged twenty-five years, descended from healthy parentage, has always herself been in good general health. Since the first eruption she has menstruated regularly until April, 1871, when the discharge became excessive, clotted, and lasted fifteen days, producing much prostration and impairment of health. Succeeding periods were of like character, and so intractable as not to yield to any treatment that was adopted. In the month of September, 1871, during an afternoon walk, she suddenly felt a sense of great weight, with some pain, just under the pubic arch, and immediately upon reaching home she undressed to examine for the cause of the unusual sensation, and discovered, for the first time, a distinct projection above the pubis. During the menstrual periods

she suffered with great nervous distress, sometimes faintness, and once she was thought to be dying. During the intervals of her periods there was a constant and often excessive hydrorrhœa. The moral effect of this was worse than that resulting from the minor, and metrorrhagia, for the fluid was so excessive that it was impossible to keep personal and bed clothing unsoiled, and often occurring suddenly and profusely could not but be seen by those who were present with her at the time. These conditions almost drove the sensitive and interesting sufferer to despair, but conspired to determine her to have relief, if relief could be had, regardless of any hazard or peril to which she might be subjected. Her physician, Dr. E. R. Mitchell, a young practitioner, had exercised a rare good judgment in selecting agencies, and applying means to counteract the effects of this drain upon her system; and having correctly concluded as to the nature of the source of the menorrhagia and hydrorrhœa, brought his patient from Mississippi, and subjected her to my opinion, and ultimately confided her to my care. She was very much depressed in spirits, though firm in purpose. When she presented herself at my office on the morning of the 11th of June, 1872, she was considerably emaciated, anæmic, and weak. Her state of health was any thing but inviting, for operative procedure of even the simplest character; yet such was her anxiety to be relieved, and to run any risk whatever to accomplish this end, that I concluded at least to explore the organ, and determine the nature of her trouble. After having had the bowels cleared by an enema, I introduced into the womb a No. 5 sponge-tent, and put her to bed. This was removed the next morning, and immediately a larger one was introduced, and left in place for five hours; but though the cervix was considerably dilated, it was not enough to permit a satisfactory examination, and hence another and still larger

tent was introduced, and removed on the morning of the 13th of June.

I was assisted in this examination by Dr. Ramsay. The uterine cavity admitted the probe only three and a half inches. The finger detected readily a tumor of very irregular shape projecting into the uterine cavity, by estimate an inch, and fully an inch across its base; but seeming to grow wider and thicker the further the finger was carried into the cavity, till its fundal part was almost wholly filled with the mass. This doubtless was the cause of the failure to pass the probe any deeper into the cavity, for the uterine tumor was at this time, by abdominal inspection, as large as a womb four months in gestation. Before the examination she had been brought fully under the influence of ergot, administered for the double purpose of lessening and controlling the hemorrhage, and of forcing any uterine contents within reach for tactile or visual observation. This feature of practice was instituted at each examination, until the conclusion of the treatment, affecting, with the aid of very gentle traction made upon the tumor by clawed forceps, a very positive descent of the whole uterine mass into the pelvis, but without the slightest extension of the tumor from the os uteri. A very large tent was introduced, and the cervix dressed with morphia to relieve the patient from the effects of ergot, and she was left until the next morning.

June 14. The ergot was very effective, contractile pain very urgent; and upon the removal of the tent, the fact was unequivocally determined that the tumor would not admit of the application of either *écraseur*, wire, or ligature, and that the knife or scissors would be equally unavailing, for its immediate removal, because of the extensive base and irregular shape of the mass in its attachment. The patient was placed upon her left side, the perineum was drawn back by Sim's speculum, and the womb was con-

trolled with a tenaculum. I introduced into the womb my left middle finger, as a guide, along which, and flat upon its surface, I carried the blade of a Sim's knife as far as the finger would reach, then projected it still further in the exact line, till it was obstructed by the fundal portion of the tumor, when I turned upon its surface the edge of the knife, and pressed it firmly into the mass, and drew it downward, cutting the tumor to its boundary near the os, making a free incision into it, dividing its capsule thoroughly, and going well into the interior of the growth for a distance of perhaps three and a half inches. There was a loss of less than two ounces of blood; but, I conceive, not occasioned by the division of the tissues, and she had no pain from the process of cutting, but suffered very much from the powerful uterine contractions occasioned by the ergot. She had rigor, or chill, within two hours of, and not at all connected, I believe, with the operation, which occasioned quinine to be given at stated intervals. Seven hours after operating, her pulse was 108; temperature, $101\frac{1}{4}$, and she was wholly free from pain or tenderness of the abdomen. Vomiting invariably occurred after she had taken ergot. She had a full dose of morphia at bed-time. Twenty-four hours after operating, when she was again under the influence of ergot, and had but little fever, a vaginal examination revealed a mass hanging more than an inch from the os uteri, but too firm to be removed without considerable force, which was not employed; at the same hour to-day as yesterday, she had a chill and fever, aching of limbs, but without back ache, and had clean tongue and better appetite than she has had for a long time. Afternoon visit, thirty-two hours after operating, examination revealed a large mass of dense, muscular-looking material extending from os uteri, and through the vulva, perhaps an inch in diameter, and four inches in length; and the finger detected much more of

the same mass in the uterine cavity; but as gentle traction could not detach it or break it, it was left to its own death, and further expulsive energy of the womb. Pulse, 118; temperature, 103; no tenderness of abdomen; ordered quinine to be continued, and morphia at bed-time, and ergot to be resumed one hour before my expected visit the following morning. Forty-eight hours after operation, after a night of relative comfort and pleasant sleep, during which a portion of the tumor material escaped in the bed, and a large mass protruded full six inches from the vulva, I entangled it in forceps, and tried to detach it by gentle twisting, but, failing, clipped it off with scissors near the os tinci. The uterine tumor felt through the abdominal walls was seemingly diminished, but measured in the cavity five inches,—much more than at any time before; the greater capacity of the sound resulting doubtless from the amount of tumor material that had passed off. Pulse, 102; temperature, 102; no sensitiveness of abdomen, no tympanitis. Quinine continued; ergot suspended until an hour before my next expected visit. Free vaginal and uterine lavements of carbolized warm water. Fifty-six hours after operating a considerable portion of tumor material has been discharged into the bed, and there is considerable protruding from the os externum, which was left undisturbed because of its firm attachment. No chill to-day; pulse, 98; temperature, 101. Sickness and vomiting occasioned each time she has taken ergot. This cause of nausea and vomiting was recognized from the first with this patient, and hence did not give rise to anxiety or much apprehension. Morphine always quieted her after suspension of the ergot; no abdominal tenderness; a natural alvine discharge occurred, the first since the treatment commenced. Free nourishment, with beef-tea, milk, and spirits, has been enjoined from the first. Vaginal and uterine lave-

ments with carbolized warm water; and morphine per anum at bed-time. Seventy hours after the operation, after a night of good sleep, large quantities of tumor material has been discharged, and a considerable mass extruding, so putrid as not to hold together, when slight traction is made upon it. Pulse, 106; temperature, $101\frac{1}{2}$. Large injections of carbolized water to be given every four hours, and ergot every six hours regularly, with a view to expedite, if possible, the expulsion of the tumor. Eighty hours after the operation, the ergot has acted powerfully, but no more of the growth has been expelled. The patient has vomited often, and has had six thin, but not very large dejections from the bowels. Pulse, 108; temperature, $102+$. I directed a drachm of laudanum in eight ounces of milk to be injected into the bowels; and turpentine and camphor in warm wet compresses to be applied to the surface of the abdomen. Diet and lavements as before; ninety-five hours after the operation, after a night of pleasant sleep, large mass extruding from uterus, which was removed without difficulty, until a dense, firm material was encountered. This was wrapped well upon the forceps, and more traction was made than at any previous manipulating of the tumor material; but yet not enough to cause any drawing down of the uterus. The very special dangers referred to this procedure in uterine surgery, particularly by Braxton Hicks, in Guy's Hospital Reports, and by Dr. Taylor of New York, have long since positively impressed me. The bowels have not acted. She talks cheerfully. Pulse, 108, quick and irritable; temperature, $102+$. One hundred and four hours after the operation, she is cheerful, even playful; says she has a good appetite, but I find has eaten but little; an action from the bowels. Pulse, 110; temperature, 112. Laudanum injection to be given at bed-time. One hundred and twenty-one hours after the operation,

I drew away by gentle pulling the fibrous material ; a little blood followed ; I injected eight ounces of warm, carbolized water into the cavity of the womb. Pulse, 108 ; temperature, 101 +. She has had two consistent, but very slight actions from the bowels. Ordered three doses, each of calomel one grain, common salt two grains, at intervals of two hours. One hundred and forty-two hours after the operation, she was cheerful, and said that for the first time in many months she had a natural feeling in the abdomen. On palpation the uterine tumor could just be felt at level with the pubes. Pulse, 120 ; temperature, 101 +. One hundred and fifty-four hours after the operation, and after a comfortable day ; pulse, 118 ; temperature, 103½. One hundred and seventy hours after the operation, and after having slept well, and feeling cheerful, free from pain or sensitiveness, and eating with relish ; having had three consistent dark actions from the bowels, and without any discharges from the vagina, and almost an entire absence of swelling. Pulse, 112 ; temperature, 102 +. One hundred and ninety hours after the operation, and after a night of pleasant sleep ; bowels have acted four times ; dark, not very thin, and with but little fœtor. She expressed herself as feeling no special inconvenience. Pulse, 120 ; temperature, 102 +. Feeling amazed at the exceeding high temperature with no corresponding grave symptoms, I instituted close inquiry, and discovered that she had taken very much less stimulants and nourishment than had been directed. I therefore made my orders more stringent and systematic. Blackberry wine one ounce every two hours, comp. solution of manganese with quinine largely diluted, every four hours. Two hundred and eighty-eight hours after operating, and eight hours after close feeding and diligent stimulation, I find the result exceedingly gratifying, as the next record shows much change for the better, and proves these otherwise

grave and remarkable symptoms to have been due to the irritability of system consequent upon protracted inanition. Six P. M., nine hours later, pulse, 106; thermometer, $101\frac{1}{4}$; one action; face looks ruddy, and she says she is well.

Three days later I can record a steady and rapid amendment; pulse having declined to 92; appetite voracious; bowels acting twice in twenty-four hours, and nearly naturally.

Two days ago some small clots were passed, and there was extruding from os tinæ a quantity of fibrous material that I could not then pull away from its attachment without too much force. But to-day, 24th of June, it had sloughed out, and was lying in the vagina. There is but little discharge of any kind from uterus, and but little odor, and its depth is now four and a half inches, and the cavity allows a probe with natural curve to turn in it very easily.

Remarks. — Of the propriety of operative procedure in cases of this nature, there cannot be any question in the light of the gynæcological science of our day. For while all authorities concur in the opinion that the removal of such growths from the uterine cavity should be ranked among the most hazardous in surgery, yet even the most cautious of them, almost without exception, concede the fact that the operation sometimes becomes justifiable and necessary. But, profoundly impressed as I was with the peril and the responsibility involved in the case, I yet felt fully justified by the circumstances in the adoption of the measures which have resulted so fortunately for my patient. She was excessively anæmic. This was, *per se*, a contra indication, and certainly diminished chances of success. The hæmorrhages were sometimes extremely alarming, and, considering her remoteness from medical aid, often seriously threatening to life.

They confined her absolutely to her bed nearly one-half

her time, and when abroad or in society she was liable to sudden outgushes of water or blood, whereby she would become drenched through her whole apparel and overwhelmed with excruciating mortification. All these circumstances conspired to produce a moral state scarcely less destructive to health than the physical ailment, and drove her to such desperation that she almost demanded at my hands, what she was resolved to have from some one, relief or death, saying that "life had become an unendurable burden, and I had as soon die as live." Influenced by these facts, mingled with a firm conviction that the dangers of operative interference have been greatly augmented by certain steps, that are not essential to its success, and may, consequently, be avoided, I determined, with the full concurrence of Dr. Ramsey in all these views, to proceed upon the plan already detailed.

The measures determined upon were, briefly, these: —

To destroy the vitality of the growth by a solution of its continuity ;

To avoid, as far as possible, any injury to the uterine tissue ;

To evolve the mass from its bed by an equably distributed force, such as could be secured by uterine contraction alone ;

To effect such contraction by the use of ergot, if possible ;

And, lastly, to guard against all possible evil from purulent infection by the abundant use of carbolized lotions.

I was led to the adoption of these several steps after a very careful and extensive research into the literature of this subject, as supplied by systematic works and journalistic contributions reaching as far back as the days of Gooch, at least. And in the operation, it will be perceived, I have invoked two leading principles, the first of which I find enunciated, for the first time, so far as I

know, by Gooch. The second of these principles of action was based upon the discovery by Velpeau that such tumors have only a slight attachment to the uterine structures by means of a loose cellular tissue, and that, hence, all that is needed to secure a release of these growths from their nidus, is to break up these connections, when they perish, and are discharged as a foreign body. This principle of action is too well recognized everywhere as the basis alone upon which the practice of enucleation has been founded, to demand any further attention here than the statement of the mode by which it has been made operative, by the aid of ergot rather than by instrumental means.

The first of these principles, if I may call it such, may be briefly formulated thus: "When any part of a polypus or uterine fibroid is destroyed, or a solution of its continuity is effected in any way, the remainder will necessarily perish." This formula, it is proper to say, is not that of Gooch, or any one else, but seems to me to be clearly deducible from the teachings of this sensible and judicious writer, and to be supported by a large number of cases recorded by various observers since his day.

In commenting on a case of Dr. William Hunter, where a fatal result had followed the application of a ligature, so high up on the pedicle of a fibrous polypus as to include a portion of uterine tissue, and one very similar in St. Bartholomew's Hospital, Gooch says: "Instead of aiming to pass the ligature as *high as possible* on the stalk, *pass it as low as possible*, taking care to pass it over the *body* of the tumor. It is true, by this means, a portion of the stalk will be left above the ligature, but I know, by experience, it does not grow again. Like the remnant of the umbilical cord, it dies and falls away. . . . *These tumors have little life*, and die as well above as below the ligature. . . . This is not a matter of probability, but cer-

tainty." He says, further, in detailing other cases: "I have often been asked what becomes of the stalk when a considerable portion of it is left behind; and the only answer I could give was, that it certainly did not lead to a return of the disease, — that it withered and fell off probably. But in this case I can give a more precise answer. For several days after the removal of the polypus, fragments, like sloughing cellular membrane, come away in large quantities, with a discharge."

We must be forcibly struck here with the close resemblance of some of the more prominent features detailed by Gooch, with those presented in the history of my patient. The means by which these results have been procured in these cases might be thought to have been altogether different, but they are identical, as I will proceed to show. In the case before us, as in Gooch's, there was for several days a discharge of fragments, "like sloughing cellular membrane," and muscular tissue too, as you can see, in a decomposing state. In his case there was only a solution of continuity in the tumor, and its feeble vitality was quenched. In my case there was a solution of continuity, with a precisely similar result. In the one the cord, in the other the knife, was the instrument in effecting this solution. Abundant clinical evidence can be adduced to prove that, if this solution of continuity or interruption of circulation be effected by any other means, such as scraping with a curette or even with the finger-nail, like results will follow, because of the very low degree of vitality with which these neoplasms are endowed. It may be claimed here that such injuries are often inflicted upon these growths without their death resulting, as should be the case were there such a principle or rule governing them as here enunciated. That such a principle has been operative in these cases, there cannot possibly be a question. In other instances, that it has not

been operative, *seems* to be true. But possibly it is only *seeming*, and to be explained by the supposition, that the death of the tumor does not, or has not taken place immediately or within a very short time, and has not been waited for long enough by the practitioner, or possibly clinical observation has not been so close and accurate as is necessary to differentiate tumors seemingly identical, but, perhaps, essentially unlike; or there may be, even, in growths, of the same nature precisely, some occult conditions that may sometimes resist causes that might at other times prove destructive of their existence. Analogous results, observed in the vegetable kingdom, might be cited to establish this point as, at least, a plausible one.

But I shall not rest my case upon the few instances here given. In the New Orleans Medical and Surgical Journal for January, 1860, Dr. Gouth of Texas, records an instance of removal of a fibroid or fibrous uterine growth that bears with great force upon the point. The pedicle of a fibrous tumor, extruding from the os uteri externum, could not be reached with the crude apparatus at hand, and he applied a cord around it as it was, "feeling confident," he says, "that the death of the part without the womb would be followed by the death of that within." No allusion is made to the principle of Gooch, and no clew is given for such belief. But the result proved its correctness, for soon there was sloughed off a mass weighing three ounces, and in two days there followed another,—the intra-uterine portion,—weighing two ounces.

While in the literature of this subject there are scattered here and there many cases of a like character and vague allusions are made to some such principle, controlling the existence of these growths, nowhere have I been able to find it dwelt upon and presented so succinctly and pointedly as I have endeavored to do here. Nowhere does it seem to have been relied upon with such confidence as

was exhibited in this and the case of Dr. Gauth, as a leading feature of operative procedures. Indeed, in the highest circles of modern gynæcology, it seems to have escaped observation to a large degree. In the voluminous writings of Simpson, we scarcely find allusion to it, although it was so forcibly set forth by Gooch and some of his own compeers. Robert Lee makes a very clear and distinct allusion to it, and quotes the opinion of Puzos and Clement to the same effect. But although the value of this principle seems not to have been observed by so acute and eminent a practitioner as Dr. Simpson, yet it would seem to be appreciated more nearly by his distinguished pupil, Prof. H. R. Storer of Boston, who makes a clear and pointed allusion to it in a discussion that took place lately on the management of uterine fibroids.

Now, the inquiry forces itself upon my mind, can it be, in reference to this matter, that we have all been long treading just around this great and valuable principle, without its attracting attention, though so distinctly set forth by so eminent a man as Gooch? While surprising certainly, this fact, if it be such, is yet not without its parallel in the history of medicine.

But, after all, if this so-called principle should, in a more extended experience, prove to be unavailing as a general expedient in such cases, yet, as it is certainly a method fraught with but little danger and sometimes succeeds so perfectly, as has been shown here, it may be claimed for it, that it should at least be given a trial, before more decisive and dangerous measures be resorted to.

In forecasting the various steps pursued here, I was brought to consider the many sources of peril that have hung about similar operations such stupendous horrors; and finding that the chief of these are metritis, peritonitis, cellulitis, hæmorrhage, and purulent infection, I determined, if possible, to adopt a course whereby I might

escape these rocks upon which others have foundered so often. Hence the determination, already stated, to inflict as little injury as possible upon the uterine tissues, knowing that, when the seat of such formations, they are very much less tolerant of traumatic lesions than when in a normal state. And it was in conformity with this plan that such extreme caution was adopted in all the manipulations of the womb. In the enucleation of these tumors, as originally practised by Amussat and most of those who have followed him, the plan was, as stated by West, to reach the tumor by incising the os uteri or the lower segment of the womb. Subsequently this plan was modified by Amussat, Dupuytren, *et al.*, and more lately by Baker Brown, whose plan seems to me not a whit less hazardous than the original operation. It is manifest that in these methods the evulsion of the tumor from its nidal connections by the use of the finger, blunt hook, cutting, crushing, tearing, &c., the contact with the uterine walls must be very unequal here and there; while gentle and tender enough here, harsh, irritating, and injurious there, almost necessarily exciting metritis.

It may be objected here that the incision of the mucous membrane capsulating the tumor was necessarily doing serious violence to these tissues,—that which I am so much deprecating. But this certainly must be as little injury as could possibly be done, for the cut was a perfectly smooth one, and made, besides, into a tissue which has so long been separated from its parent tissues, as to have acquired, from its excessive blood-supply and altered nutrition, a character essentially different from its original one, and thus removed from liability to take on disease so readily as was the case with William Hunter's patient, and many, very many others, where the uterine tissue proper has been injured, with fatal results in these operations.

It was with a like conception of the real sources of

danger, too, that the forces of the womb itself were evoked by the use of ergot, and, by its equable and gentle action, made to throw off the mass.

The value of the warm, carbolized injections into the uterine cavity, for the prevention of purulent infection, I believe could not be over-estimated; for there can be no doubt that many lives, which had escaped the more immediate dangers of lesion to the uterine structure, have succumbed at last to pyæmia. Only a few weeks have elapsed since Dr. Emmet, before the New York Medical Society, had to lament the death of a patient of his from this cause, and who might very probably have been saved but for the failure of the nurse to give the injections ordered into the uterine cavity, rather than the vagina.

After the reading of the paper and the record to that date, on the 6th July, I can make out further history of this case, as follows: Improvement has been constant and uninterrupted by anything. All discharge has closed; uterine tumor can no longer be felt above pubis, and when examined by speculum, shows great reduction in size and resumption of healthy appearance; measures $2\frac{7}{8}$ inches in cavity. She was exceedingly anxious to go home, to which I assented, urging her, in parting, to remain in a recumbent posture, and to be prudent every way with herself for four or five weeks yet. No menstruation yet, though the time has passed five or six days. Bade her farewell, and sent her away greatly rejoicing in a renewed prospect of life and glowing hopes for the future,—a bright reversal of the dark and sombre picture with which she is introduced to the medical public.*

* Since all the above was written, — to-day, Oct. 2d, — the patient has visited me at my office, and reports herself as having been perfectly well ever since she left the city. She looks exceedingly bright and happy; has rosy cheeks, and the look of perfectly restored health. She has menstruated three times since she left, and says the function was performed as healthily and naturally as ever in her life. She has gained thirty pounds; there is no leucorrhœal discharge, and no uterine tumor can be felt above pubis. I did not institute any examination of the organs myself.

MEDICAL SCEPTICISM IN AMERICA.*

BY HENRY AUSTIN MARTIN, M.D.

It is not probable that the more potent engines of the Armamentarium of Medicine were ever, in any age or country, more generally and largely employed than by the physicians of New England fifty years ago.

Dr. Benjamin Rush, a man of consummate ability and indomitable will, wrote most extensively on Medicine. In this way and as the leading professor of the only medical school in the country, he largely controlled the opinion and practice of American physicians.

Perhaps, in a limited field, no single man, since Galen, ever exercised a more unquestioned empire over medical opinion. Under his reign the *Lancet* and the whole array of the antiphlogistic method bore unlimited sway throughout all the United States. In addition to the heroic treatment of Rush, there was, in New England at that time, a belief in the efficacy of calomel beyond what existed elsewhere in this country. This drug was administered in quantities that now seem almost incredible, scruple and even drachm doses, to the extent of two and even three hundred grains a day.

In 1808, Dr. John Warren published, in Boston, a book on the Mercurial Treatment, a portion of which had formed an annual address to the Massachusetts Medical Society.

In this work such doses of calomel are repeatedly mentioned. He states that this method of using mercurials was introduced into Boston from the West Indies, where such inordinate quantities had been found useful in tropi-

* Continued from this Journal for October, 1872.

cal fevers and dysentery, and was adopted for our typhoid fevers and dysenteries, and afterwards for almost every other disease. The employment of calomel in large doses to produce profuse and continued ptyalism, was associated with blood-letting *ad deliquum animi*, and often repeated, "*coup sur coup*," antimony and opium.

Emetics, "Dr. Danforth's Divers," of a drachm of ipecac and three grains of tartar emetic, powders of a scruple each, of calomel and jalap. — Such were the doses which saluted the stomachs of the sturdy veterans of the Revolution and of their immediate descendants. A race of physicians is hardly extinct in Boston who used to boast that they had drawn their hogsheads of blood and administered their barrels of calomel. Some of these clung to their wholesale faith in big doses to the last, and sighed over the degenerate times in which their latter days were passed. Some however, and these of the most distinguished, became disciples of the school of Louis. The famous treatise of that great physician on blood-letting and antimony, evidently suggested the treatise on "Self-limited Diseases," by Dr. Jacob Bigelow, which was delivered to the Massachusetts Medical Society in May, 1836. Fluent anniversary orators, with a turn for adulation, entitle this production *the* great victory of medical truth of the present century, and its author the "Hippocrates of America." Although this praise must seem to many, out of the immediate neighborhood of Boston, *rather* strained and excessive, still it were well if all contemporary eulogy were as fitly and deservedly spoken. Dr. Bigelow claims that *certain* morbid processes in the human body have a definite and necessary career, from which they are not to be diverted by any known agents. To these morbid processes he gives the name of "self-limited diseases," though he concedes that even this class of diseases admits of palliation. These

self-limited diseases, he says, however, constitute but one class. He does not deny that remedies capable of removing them may exist, but insists only that they have not *yet* been proved to exist.

He includes among self-limited diseases some, as dysentery, erysipelas, gonorrhœa, pertussis, in regard to which there may be doubts in the minds of some physicians of as great and just an eminence and as large an experience as his own, but in regard to the remainder, it is not probable that there is any question in the enlightened professional mind that they are properly included. In even this limited class it is only the disease itself, simple and uncomplicated, that he claims, in its duration and succession of phenomena, to be beyond the control of art, and I would add that in the vast majority of instances they require no such control, but tend always to perfect recovery. It is the complications, "the accidents of the disease," as Dr. Bigelow calls them,* that often prove lethal. The pulmonary congestion and inflammation which may accompany and follow measles, — the pseudo-membranous exudation often found with laryngeal inflammation, the intestinal perforation, exhausting diarrhœas, hemorrhages and excessive prostration of typhoid and other fevers, the gangrenes and inflammation of organs and extremities which sometimes follow maltreated cases of the same and similarly exhausting disease, the acute œdema and consequent apnœa, the profuse suppuration and consequent hectic and asthenia of certain stages of variola are instances of the "accidents" of disease. The list might be lengthened almost indefinitely. Accidents,

* Lord Bacon called them so before him. "*Medicine* is a science which hath been more professed than laboured, and yet more laboured than advanced; the labour having been, in my judgment, rather in circle than in progression. For I find much iteration, but small addition. It considereth *causes of diseases, with the occasions or impulsions*; the diseases themselves with the *accidents*; and the cures with the *preservations*." "Advancement of Learning. On Medicine."

for they are not essential to the disease, which may perfectly exist without them, and these accidents of the disease we must distinguish from the disease which does not, while *they* often *do*, admit of relief. In regard to pneumonia, he was in doubt as to the self-limitation, a doubt which has since been dispelled; but this disease, it may be worth while to note, he firmly asserts to be lessened in danger and severity by blood-letting. He reckons epilepsy in this class, and it is only very recently that many leaders of our profession believe that a real remedy for certain limited classes of that fearful malady has been discovered and employed. Acute rheumatism he considers susceptible of but little abridgment, but of great palliation, and, often, having run through its course, apt to terminate in some cases, by the production of serious organic derangements, especially of the heart.

This latter perilous and imminent "*accident*" of rheumatism, it is the belief of many excellent physicians, may be often averted by a certain sort of treatment, even when they would not claim that the duration of the original disease was much abridged. In his concluding remarks to the essay on self-limited diseases, he says:

"It may perhaps appear that the views which have now been taken of the power of medicine in so large a class of diseases, are gloomy and discouraging, and that an unworthy tribute is paid to the labors of those physicians, who have patiently studied, and ardently acted for the benefit of humanity. Such views, however, are far from being the object of the present discourse. Were it permitted by the compass of the subject under consideration, it would be a very grateful task to enumerate those maladies of the human frame, over which we have reason to believe that medicine has obtained decisive influence.

"To a medical audience it is unnecessary to recall the instances of pain relieved, spasms controlled, inflamma-

tions checked, and diseased associations broken up, under limitable diseases, by the agency of the healing art.

“Were there no other trophy for the medical profession to boast, it is sufficient to know that the diseases of small-pox and syphilis would have entailed misery and extermination on a large portion of our species had not medical science discovered the prevention of the one, and the successful management of the other.” *

In the lecture on “The Treatment of Disease,” published more than seventeen years after, and which may be considered the complement to the essay on self-limited diseases, written with the additional thought and experience of all those most progressive years, Dr. Bigelow says that the slight cough and evening flush which herald approaching phthisis, soon get beyond the reach of medical means, unless *seasonably* detected by the wary eye of the practitioner, thus admitting by implication what some men, who call him sceptical, deny, the curability of the earliest stage of consumption.

“A protracted intermittent,” for which we have a specific, at length undermines the health, and neglected syphilis ends in a miserable death. Cases like these, he says, demand prompt and energetic interference on the part of the practitioner.

Again, “we shall find many cases which are, for the most part, capable of being arrested and broken up by the interposition of remedies. Moreover, in other cases, which, from their nature, must run a destined course, it is generally admitted that the safety of the patient may be promoted, or perhaps the duration of the case abridged by remedial treatment. This is believed to be true in regard to evacuations at the commencement of febrile and inflammatory diseases, and to a multitude of other remedies applicable in various cases.” † * * *

* Loc. citat. pp. 26, 27.

† Ibid. pp. 80, 81.

“In the use of efficient remedies much depends upon deciding the proper stage or time to which their employment is applicable. Some curative agents can with propriety be used only at the outset of the diseases, and if this opportunity is lost the remedies are afterwards less effectual, and perhaps even injurious.

“Venesection in the early stages of certain acute diseases may be productive of great good; in the middle stages it is of less benefit, or of none at all, and in the latter stages it is injurious and inadmissible.

“On the other hand, wine and opiates, which are strongly contra-indicated in the first stage, are afterwards not only tolerated with impunity, but in certain cases are taken with decided benefit.” *

“The modern crying evil of poly-pharmacy and over-medication is profitable to the druggist, habitual to too many physicians, and annoying, if not detrimental, to most patients.” †

“It is wrong to suppose, as is often done, that the opportunities for doing good in medicine, are limited to the effect of specific remedies, or to the application of drugs and instruments.

“The enlightened physician surveys the whole ground of his patient’s case, and looks for the presence of any deleterious agencies, or unremoved causes of disease.

“Many morbid affections which have resisted powerful remedies cease speedily on the discovery and removal of their sustaining cause,” ‡ (*tollitur causa cessit effectus.*)

“A patient dies of phthisis in a confined office, or a damp northern climate, who might have enjoyed long life in an active occupation, in a more pure and temperate atmosphere. On the other hand, men fall victims to the fevers and abdominal diseases of the South and West who might have escaped disease by a timely removal to the North.” §

* Loc. citat. p. 82.

† Ibid. p. 83.

‡ Ibid. p. 84.

§ Ibid. p. 85.

He says, The physician may profitably divide his cases into three classes. "Those which are curable, those which are temporarily self-limited, and those which are incurable."

In the first class, or that of curable diseases, are to be included those morbid affections which we know, or have reason to believe, are under the control of remedies, so that they can be arrested or abridged in duration. For the most part acute inflammatory diseases, when not of fatal intensity, are mitigated by depletion and the antiphlogistic regimen, more or less actively enforced, according to the degree of violence. Spasmodic diseases on the contrary are influenced by opiates, anti-spasmodics and tonics, and by the removal of their cause, when it can be discovered and remedied, as in the case of dentition, indigestible food, etc.

Sympathetic diseases are to be addressed through the medium, organ or texture which is primarily affected. Thus a headache depending upon a disordered stomach, or a hysteric affection, upon irregularity of the uterine function, are to be treated under this view of the subject. Hemorrhages and other morbid discharges are to be dealt with by removing the cause when practicable, by diminishing vascular activity, or by quieting the discharging surfaces with opiates, or contracting them with astringents.

There is one class of curable diseases which are controlled chiefly by specific remedies, being in some instances suspended, in others radically removed. Thus gout is relieved by colchicum, and intermittents, by quinine and bark.

Scabies is cured by sulphur, syphilis by mercury, goitre as we are informed, by iodine, and various chronic eruptions by arsenic and corrosive sublimate.*

* Loc. citat. pp. 86, 87.

“In curable diseases our remedial measures should be prompt and energetic in proportion to the emergency of the case, and the certainty of benefit which is to follow their employment,”* watching against *accidents* and *complications* in self-limited diseases, and in those, in their nature incurable, we may still palliate suffering, and remove causes which may aggravate the disease.

Dr. Bigelow has been called sceptical. I have quoted him largely, and my extracts, disjuncted as they are, give a fair idea of his expressed opinions. If they prove *him* a sceptic, I gladly and reverently enlist myself in the company.

These two essays, after a perusal often repeated, and always with increasing admiration, seem to me just what should, and all that need, or indeed *can* be said profitably upon subjects which, since their publication, have frequently exercised the pens of many of our ablest men. With one exception all these successive essays are essentially but repetitions and amplifications of Dr. Bigelow's propositions. They are, with one exception, and with varying force and ability, earnest pleas for scientific medicine against theoretic folly and malpractice. Instead of being injurious and condemnatory of medicine, they are all attempts to free our art from the absurdities which theory, credulity, imperfect and biassed observation, and even scepticism itself have accumulated about it.

The doctrine that because a disease is self-limited, the aid of art cannot, with much advantage, be invoked in its management to an auspicious termination may be perfectly illustrated by the history of pregnancy and parturition. I am quite aware of the objections which may be raised to my use of this illustration, that these conditions are not of disease, but, on the contrary, perfectly normal. But in pregnancy we see a series of phenomena, evidently a

* Loc. citat. p. 89.

part of the plan of creation. These phenomena proceed with all the regularity of the most perfectly uncomplicated exanthem, and during their continuance the individual is exposed to multiform perils. In its simple form pregnancy proceeds from beginning to end, from conception to the birth of the foetus, safely and perfectly, without any real need whatever of the ministration of the physician; so it may be said that no perfectly simple, uncomplicated exanthem ever proves fatal, or ever really needs the aid of art. It is what Dr. Bigelow calls the accidents of disease, matters not essential to it, resulting to be sure from it, but outside and beyond it, of which the patient dies. It is because this is so that the charlatans without and within the profession can proclaim with unblushing front a success to which their worthier and honester brethren make no claim. Scarlet fever is an abstraction from which death never results, but from diphtheria, cerebral congestion, tabes mesenterica and albuminuria how many!

If in any case the plan of Nature was ever made evident quite beyond the need of flimsy argument, it is in that of pregnancy and labor, but who will deny that peril accompanies every step of the process, peril which art can relieve and art alone, to say nothing of the fearful amount of suffering. It does make a vast difference to women whether they have fools, or even pseudo-philosophers, for their attendants or physicians. It used to be the fashion with sceptics, poets, and "such small beer," to deplore the perils of childbirth as peculiarly pertaining to civilization, and in some vague and not very defined way to the existence of the medical profession. Let any man read the reports of the surgeons of the United States army stationed in Indian Territory to the Surgeon-General's office. Let any one look into the story of the poor unaided negro women on the Southern plantations, and then

talk of safety to life and immunity from the perils of the sex, as an appanage of savage life. The mortality is very great, the prolonged sufferings fearful, and the resulting odious and pitiable lesions innumerable.

Nothing was, or is, more common than to see the upturned eye of horror at the mention of the forceps ; and fools who pretend to practise an art of which they know nothing will expatiate on the fearful and abiding injuries resulting from the use of this instrument. We have had an address made to our parent Medical Society, the great object and boast of which was to show how midwifery could be practised for a whole lifetime without employing the simple, and in skilful hands, quite innocuous means which have saved thousands from death, and in those cases where life was not at issue, ages of intense and wearing agony. This particular sect of philosophers would specially dilate on that terrible affection, vesico-vaginal fistula, as a notorious result of the employment of instruments in labor. Now, what is the fact? I have seen many cases of this loathsome lesion, have known of three occurring in my own immediate neighborhood. In neither of these were forceps employed, or any other instrument. One, a woman in the charge of a very great philosopher of this school, who repelled with horror the mention of instrumental aid, lay for three days in labor, and, complete victory of the method, without the slightest aid, without catheterism, or ergot, or opium, or forceps, or anything else, was delivered, recovered with a bad fistula, but that is a mere trifle in the eye of *science*. Another occurred in the practice of a gentleman whose conscience would not permit him to remain in our ranks, a convert to homœopathy. The third in that of a distinguished ex-counsellor of our society.

Now, this is certain, that a vesico-vaginal fistula is, with exceptions so rare as to be utterly unimportant, *never* the

result of instrumental intervention, but, on the contrary, is almost positive evidence of malpractice in leaving the case to unassisted nature.

When visiting Emmet's Hospital, in New York, some three years since, to witness one of his admirable operations for this fearful, murderous infliction of incompetence, one of the opprobria chirurgicorum till Sims completed his methods, I asked Dr. Emmet how many cases had been treated there. I have forgotten the exact reply, but between three and four hundred had left the institution cured perfectly. How many of them resulted from the employment of instruments? "Not one," said he, and then partially correcting himself, "not one of which we are certain; a very few cases were doubtful, but the rest were, without doubt, the result of sloughing from long-continued pressure in cases where instruments should have been employed, or if employed, should have been used much sooner."

In his recently published work I notice that he has reiterated the same remarks. I ask you to excuse what may seem a digression, and a long one; it is quite germane to the matter, as you will see after a while. In this instance ignorance, or, what amounts to the same thing, pseudo-practice, based on an empty, shallow theory, that Nature can, unaided, terminate all, or nearly all labors without assistance, leaves the victim with a loathsome, miserable disease, never limited without art save by the death of the sufferer, never limited with art save in a few dubious and imperfect successes, in trifling cases, amid a myriad failures, till the operation of Sims. Here is a case where Nature is incompetent to complete her most important function, that of the perpetuation of the species, without art, either at all, or without grave remaining lesion, which lesion she alone is quite unable to repair; for I do not believe a cure of this fistula, in which there

was loss of substance, ever was made whole by Nature alone. And still who is fool enough to say that even the exquisite ingenuity, thought, and skill, of either Sims or Emmet cures a fistula? Nature does all the curing: she can unite freshly incised and exactly opposed vascular surfaces; and all that art does is by a beautiful operation to freshen the edges of the aperture and bring them into such just and exact apposition that nature can do her work. This is all that art does, but without her aid Nature is powerless; and such in innumerable instances is the relation which art bears to nature, to disease strictly so considered, and to the practice of the medical profession.

It is not unusual to consider the opinions expressed by Dr. Bigelow and his imitators, as peculiar to a very recent period and of a very local origin. They have been even called New England ideas and Boston notions.

There could not be a greater error nor one more prejudicial to the dignity of our art. The belief that all the absolute knowledge that many diseases have a *natural history*, a beginning, middle and ending, an increase, culmination and decline has always been held by the greatest physicians from Hippocrates till this day. It has never been maintained by any school, even of theorists, except, perhaps, the homœopathists, that measles, small-pox, or varicella could by any treatment be cut off midway in their course. What is universally known to be true of the exanthemata was known to be true of many other diseases, and surmised to be true of many more.

With *one* exception, all these essayists claim that Nature *heals* diseases, that art can only, in the large majority of cases, put the patient in the most favorable possible condition for the operation of Nature, that the physician is her minister, not her master, her humble and loyal student and servant, striving with ceaseless assiduity

and vigilance to learn her will and ways, and fulfilling with varying intelligence her high behests. So far from these being notions peculiar and original with the present time and indigenous to this region, they form the constantly reiterated theme of all the great medical writers. So far from the idea that Nature heals diseases and injuries being novel, I fail to find any other idea expressed in their works. The wildest theorists, those who placed the greatest reliance upon art, did so, only because they considered their methods of *aiding* Nature by directing her path, hurrying and strengthening her in, and removing obstructions from it, vastly superior to others. Although they greatly over-estimated the value of their officious service, it was, or pretended to be, *service* only. Nature has always been the guide and mistress of the physician, often doubtless misunderstood, but always acknowledged. Without her *he* is nothing, his art is nothing. Paracelsus did not claim that mercury raised the dead, or that even syntagma could unite the broken tibia of a corpse.*

In the present age of hurry, bustle, of perpetual novelty, or what claims to be such, in medicine, there are but very few men who know, or care to know, much of the history of our art. To most of us the names of Hip-

* One of the great men of our art, "le bon maitre Ambroise Paré" happens to have been heard of in Boston (one of whose great surgeons I once heard call him "*pear*"), because Boston's favorite poet has written of

He who wrote from Susa's blood-stained field,
I dressed the wound which God has healed!

The general impression seems to be that this glorious old Frenchman on the *one* particular occasion when he dressed the wounded "*cheville du pied dextre*" of the brave Captain "*Rat*," uttered the happily inspired sentiment which raised him for a moment to the level of the modern sages of the modern Athens, but the fact is that the expression "*Il le pensay et Dieu le guarit*" winds up the narrative of almost every one of the innumerable cases given in his mighty folio of eleven hundred and thirty pages, and, when these exact words are not used, others equally expressive and of the same purport.

The expression of reliance on Nature ("*the order of God*") for the cure of wounds and diseases is not peculiar to Paré, but is found in many, nay most, of the surgeons who preceded and for some time followed him. I am sorry such graces hardly ever now adorn our pages. They gave a genial and human interest to their narratives, and kept ever refreshed that sense of the wisdom and power of those laws of God whose servants we should be.

pocrates, Galen and Celsus, Servetus and Harvey, Paré, Sydenham and all the rest of that glorious and shining company are names only. If there were in every school of medicine an annual course of lectures, the object of which should be to give the history of true medicine, what it really is or claims to be, with what infinite genius and untiring labor it rose from small and feeble beginnings to its present great though yet imperfect grandeur, who were the great men whom God permitted and appointed to be the ministers of His benefits and alleviations to men, and what was and how great the share of each, I cannot help thinking the result would be elevating and ennobling to the rising profession. That the belief that the true science of medicine commenced to be known, cultivated and developed more than two thousand years ago, and has, since that time, been steadily, although with varying rapidity, progressive, would give a man more confidence than the conviction that the true science of medicine in most essential particulars originated with the professors of his college, and that the practice of his profession is to a large extent the invention of the gentlemen who have been elected by various aldermen and other moderately excellent judges of professional attainment the physicians and surgeons of his favorite hospital.

We should have, perhaps, a little more just idea of the great achievements of our art, and of how little relative importance are any one or many physicians, however talented and ingenious, the physicians of any clique, or city or even nation. They pass, but art endures. We should have an honest statement of the claims to honor of those who have gone to the majority, and consequently vastly less pseudo-originality, less *éclat* and fulsome adulation of the living. I wish the time would permit me to give you a few passages from the works of these great physicians who have in continual and unbroken succession

adorned and improved our science and art, illustrative of the high, firm faith they held, amid difficulties and doubts which have been removed for us, in Nature, i. e. in God as made manifest in His laws, and high, firm faith in their art too. I cannot do this, but earnestly hope that my faint voice may urge you to a study which, I doubt not, would possess the charm of novelty to many of you, of the philosophic, and even of the practical works of the older physicians.

I confess that as I pursue this study with ever scantier leisure, I am not at all inclined to ridicule methods of treatment which may seem to me futile and extravagant, but feel a steadily increasing veneration and admiration for those great men, a vast wonder that with such imperfect means of observation they were able to discover and divine so much. I find it impossible to believe than any physician now lives who is what Herman Boerhaave or Thomas Sydenham would have been with our vastly greater facilities for and aids to observation.

The Grecian sculptors knew nothing of anatomy in the literal meaning of that word, but by the perpetual observation and analysis of the external forms of beauty, of the *symptoms* of bones and muscles, they produced works of which, broken and poor ruin of them as we possess, it is the present, but ever baffled hope of our artists to equal; — they can only imitate them. So the old physicians, without stetho, endo, laryngo, or hardly anything else in scope, how wonderfully and well they described diseases, sketched their natural history and indicated their treatment. To much that they have written nothing can be added without injury. Their works are a vast mine whence many a modern medical and surgical genius has derived his inventions, nor whispered whence they came.

(*To be continued.*)

THE GENESIS OF LIFE.

A BIOLOGICAL SKETCH. BY A MIDLAND SURGEON.

I appear before you this evening with the intention of addressing you on a subject, the importance and surpassing interest of which it is needless for me to waste language and time in attempting to impress upon you. Life is real, life is earnest ; and earnest indeed must he be who ventures to explore the mysteries of nature and to unfold the layers of what has, until very recently, been an undeciphered papyrus. “ Life ” has been a favorite study from the earliest scholastic times until our own, and many and futile have been the attempts to answer the question, “ What is life, and whence comes it ? ” I cannot yet tell you that these questions have been answered perfectly, any more than I can tell you that we have yet a perfect steam-engine ; but this I can say, that a few of the hieroglyphics of this papyrus have been interpreted, and that we have got on a track which, like the Rosetta stone, must sooner or later lead to the perfect solution of the problem. Just as we cannot say of the invention of the steam-engine that it has been the production of the genius of one man, but of many, beginning perhaps with Hiero of Alexandria (or earlier still, with the man who first saw the changed molecular condition of water on the application of heat), and ending with the inventor of the last new patent injector, boiler, or fuel economizer ; so we cannot say that the partial solution of the enigma of life is the work of one man, but the work of many ; some who lived centuries ago, and others at various intervals, down to our own times. But, as with the steam-engine there stand out in prominence such names as Hiero, Newcomen, Miller, Bell, Watt, and Stephenson ; so with the Doctrine of Life

we have the names of Bacon, Hume, Carpenter, Grove, Soule, Helmholtz, Pouchet, Huxley, Darwin, and Herbert Spencer, each contributing his more or less important quota of information ; and, of course, besides these there are hundreds of others whose contributions may rank even higher in value than those of the men whose names I have at random selected.

During a somewhat long and intricate study of the questions before us, I have been throughout struck by the fact, somewhat curious to you it may seem, if it has not previously been brought under your notice, that the investigation has been hindered more by the difficulties which men have of unlearning what they have been taught than of really making discoveries ; these latter, after having been made, are wonderful in their simplicity only, and the universal exclamation is one of surprise that they had not been made sooner. And so it is in almost every advance. There is nothing more difficult to do than to unlearn ; and I am here to-night with the object principally of endeavoring to unteach you (if I may use such a word) on some matters concerning which you have been erroneously taught. For instance, I think I may take it for granted that there are very few present, except, perhaps, those who are fortunate enough to be attending the science classes now attached to this and similar institutions, who have not been taught and do not believe that *heat* is a something which is a distinct entity, a something which has an independent existence ; and who will have some difficulty in understanding me when I tell them that heat is a property of matter and has no existence independent of it, and that it is the same force only in a different method, as light, motion, chemical affinity, etc. Further explanation of this I mean soon to give you. Even after having been told this, and after having understood it, you may be inclined to ask what difference it can

possibly make whether such apparently fine distinctions (you may even scandalize the new philosophers by calling them metaphysical differentiations) are understood or not. Let me tell you that these distinctions have with them very important differences, with most thoroughly practical bearings. The new belief of heat as a mode of motion has had an influence for life or death, speedy or delayed recovery from disease, in the case of many now present. When men regarded heat as an entity, they regarded feverish patients as possessed by another entity, to which they gave the high-sounding name of "phlogiston;" and to get rid of this phlogiston they extracted blood from the sufferer time after time, with what effects it is not for me to say.*

The advance of all human knowledge has been characterized by the apparently unfortunate tendency towards segregation of matter and phenomena by observers, and this tendency has been in an inverse ratio with the progress of knowledge. I say *apparently unfortunate*, because this tendency has been, of course, obstructive; but it must have been for a suitable purpose or it could not have obtained. By this tendency towards segregation, I mean the tendency to draw harsh lines of demarcation, as between matter and force in the case of heat, or between species of animals, resulting in this case in the extraor-

* Some of the points on which we have had to unteach ourselves would be really amusing were they not also so very serious. Of recent years, following Carl Vogt, we have defined the brain to be a gland whose function it is to secrete thought, and we think of it and treat it just as we do other glands, such as the liver. Of old, physicians thought, and some few do yet, that the brain had characteristics peculiar to itself, and we had therefore wise-sounding and meaningless words in connection with it; some of them innocent enough, but others most dangerous. Amongst the latter was one which is still popularly known as "a flow of blood to the head," and many an old gentleman who had a habit, which was probably his safeguard, of sleeping a good deal, was bled into his grave in order to counteract this supposed evil tendency. It was supposed that a congestive state of the vessels of his brain produced this sleepiness, while it really was a condition quite the reverse. We now know that the vessels of the brain are congested only when it is at work, and that during sleep they become much emptied; and that organisms, like pigeons, may be put to profound sleep by freezing their brains. What this old gentleman wanted then was not bleeding, but more heat and more blood and more power to circulate it.

dinary idea of special creations which held possession of men's minds almost until the beginning of the present decade. This tendency is still strongly marked, and it is only by counteracting it, by teaching people that in the universe everything is harmonious with its surroundings, that there are no independencies, in fact no individualization, that we can hope to advance scientific information among the people. Therefore I have chosen the consideration of "Life" for you this evening. Before entering immediately on my subject, let me beg one thing of you all, that you will separate entirely from what I have to say on this subject any consideration of it from a theological point of view. There is nothing which I should be more averse to do than to interfere with the religious scruples of any one here or elsewhere. I venture to say that if each of us could express in exact words our views of theological life, present or to come, and if we were to write our opinions down, no two of us would exactly coincide; this is quite sufficient proof, were any wanting, that we know nothing whatever about it, have no means of gaining information, and no likelihood of getting it so as to be useful in the present discussion. Such metaphysical stumbling-blocks, then, as *Pneuma*, *Psyche*, *Idea*, *Inner Consciousness*, etc., I willingly leave for those who, to quote Prof. Huxley, care to study lunar politics; but the phenomena included under the dear old Saxon word "Life," we can study, and can to some extent interpretate; and to this I shall confine myself.

If I were supposed to be preaching a lay sermon, I might take as my text the lines from Pope's *Essay on Man*.

"Let us (since life can little more supply
Than just to look about us and to die)
Expatriate free o'er all this scene of man;
A mighty maze! but not without a plan."

And then I might, after the fashion of sermonizers, divide my few remarks under the following heads: —

I. What exhibits the phenomena of life?

II. What is life?

III. How and whence comes life? or a consideration of the genesis of life.

IV. What is death?

I have placed question number one in that position, because we can consider the phenomena of life only in connection with the physical condition in which the force is displayed. You must retain your popular definition of life until I have considered the first question.

What we are surrounded by and recognize by our senses, aided or unaided, we know as matter; and this matter, by a series of processes and their results, we know is constituted by sixty-two various substances, which, as yet, we know as simple bodies, because we cannot further decompose or convert them. These elements enter into various combinations with one another, — combinations infinite in number and degree of complexity; and these combinations, together with the occasional appearance of an uncombined element, constitute what we know generally, namely, matter. Matter has, amongst others, one distinguishing quality, — indestructibility. Matter may be changed in form to a degree which has no practical limit, but it is absolutely indestructible. In the eyes of the man of science, matter is eternal; for as he cannot from any experience understand its end, he cannot understand its beginning — an endless cycle of changes is before him.

Matter has certain properties which are inseparable from it and inconceivable apart from it. For instance, iron is heavy, and glass brittle. No one can conceive of iron as not heavy, nor of glass as not brittle, unless some qualification be introduced, as “red-hot;” nor could any one evolve from his “inner consciousness” the idea of hard-

ness, or brittleness, unless he had previously experienced contact with some such matter as iron or glass whence he gathered the information. These and such as these are constant and invariable properties. Matter has besides certain variable and convertible properties which we know as forces. The idea contained in "red-hot" communicates one — heat; and of these I shall have future occasion to speak. Now these properties, coexistent with matter and inconceivable apart from it, must of necessity be coeternal with it.

We recognize, for purposes of scientific convenience, in chemistry and allied studies, matter under three forms, apparently distinct, but really not so; for you must understand that there are forms of matter in each of the three groups which approach so closely from the first group to some in the second, and some in the second to others in the third, at the artificial point of demarcation, that absolute separation is impossible. The first group we know as *inorganic*, or mineral, and may be roughly defined to be composed of those forms of matter which are exclusively under the dominion of the laws of mechanics, physics, and chemistry. The combinations of this group are, as a rule, simple; but they differ in degree. For instance, iron, a simple body; oxide of iron, or rust, a more complex body; and ferridcyanide of potassium, a still more complex substance, — all belong to this group, although the latter partly partakes of the characters of some of the members of the second group, or that of *organic* matter. These bodies are characterized by being constituted by elements of various kinds. They may be mineral and crystallizable, or they may be easily volatilized without decomposition, as water. A higher class are those containing at the same time mineral matter and matter which is the product of life, as urate of soda and oxalate of lime. The third class of this group are those which

are directly the product of life, such as albumen and fibrin, and they lead us directly into our third group of *organized* matter, or matter displaying the phenomena of life. Between the first group and the third there are enormous differences of complexity of composition and general properties; but examination of the members of the second group shows us that there is nowhere a break — that there is a gradual merging by insensible gradation everywhere from the simple to the compound and complex; as in the case of iron from the pure element up to its state of extremely complex and yet undetermined combination in the organized red corpuscle of the living blood.

We may then define inorganic matter to be that form of the elements in which it is impossible to see the phenomena of life. Organic matter is developed from inorganic matter, and is in a state either ready or getting ready for the exhibition of the phenomena of life; and it is organized when the phenomena of life are displayed in it. That this is really the historical order in which development has taken place in our own speck in the universe is abundantly proved; for we have organic compounds of a geologic period long anterior to the appearance of evidence of organization.

This is a small part of the evidence which accumulates every hour against the supposition of any miraculous interference with the processes of nature by cataclysm or otherwise; and which shows that what are the forms of matter and methods of force now always have been in uninterrupted action. You heard me speak of molecular arrangement; and those of you who have attended the science classes have surely heard a good deal of molecules and atoms; and your teachers may have spoken to you unguardedly, so as to lead you to believe that these ultimate atoms and molecules had a recognized existence. It is not so. The means of physical investigation we have

now at our command have given no indication whatever of any such units ; and on *a priori* ground, their existence is more than doubtful. The use of such terms is absolutely necessary in scientific language, but you must distinctly understand that they have only hypothetical meanings. The wonderful results shown by spectrum analysis and the extraordinary persistence and power of diffusion of some odors, as those of musk and mercaptan, would almost lead us to believe that those alternate molecules are impossible — certainly that they are quite beyond human conception as at present empowered.

Did these molecules actually exist, they would require to be recognized as individuals, having individual powers and properties, — a dilemma from the horns of which it would be impossible to escape. An answer to the question “What is an individual?” is impossible, further than the conventionalism that “I” am an individual, and “you” are another — the “ego” and “non-ego” — the subjective and objective, about which metaphysicians have written so much without understanding it themselves, or having made any one else a bit wiser or a bit better. Metaphysicians have been the bane of the progress of human knowledge ; they are the same to philosophic anthropology as the alchemists were to chemistry, the astrologers to astronomy, without the qualification of these latter that they were the fathers of the modern sciences. Metaphysicians have always been obstructives, wasting precious human time and skill in searching in the dream-world for what had no substantial reality. This may be well enough as a pastime for future generations, but let Horace remind us that “*ars longa, vita brevis est* ;” and meanwhile let us confine ourselves to the investigation of phenomena and their sequences. Some may object to this rank materialism ; but, call it what you may, — names matter but little, — it is what alone has advanced all human knowledge ; it

is our daily experience of Divine revelation; it is what actuated one of the master-minds of our age when he uttered, "Now let us have God's truth in the measurements. God's truth in everything! I live for that." *

The first to doubt the real existence of the "ego" was John Locke, and in his footsteps followed David Hume and all the school of positive philosophy (I do not mean by this the followers of Comte). Hume has it that the "self" or "ego" is nothing else, in fact, than a complex of numerous swiftly succeeding ideas, under which complex we then suppose was placed an imaginary substrata, named by us "self" or "ego." The "self" or "ego" therefore rests wholly on an illusion. As far as this is intelligible it is correct, but it does not go far enough. The "ego" is really the representation of an unknown quantity which has been supposed by the long-established general impression of mankind to exist. But beyond this general impression there is no evidence whatever of the existence of individuality; and as human general impressions have been more generally erroneous than correct, this is no argument in its favor: indeed, to follow Mr. Herbert Spencer, it is a strong argument against it.

The opening sentence of the sixth chapter of Spencer's *Principles of Biology* is as follows: "What is an individual? is a question which many readers will think it easy to answer; yet it is a question that has led to much controversy among zoölogists and botanists: and no quite satisfactory reply to it seems possible." And yet Mr. Spencer proceeds to do his best in favor of the doctrine of individuality. Now, if any one chooses, as I do, to utter a negation of individuality, it rests upon those on the other side to prove their point; as, by one of the fundamental rules of logic, it is not necessary to prove a negative; neither, indeed, is it possible to do so. I do not here, however, mean

* See the *Memoirs of John Goodsir.*

to rest content with a mere negation ; but I mean briefly to give a few reasons against the probability of the existence of individuals or individuality. The absolute proof of what would be my positive proposition, that nature is absolutely uniform (that is, free from the lines of division involved in the idea of individuality), would occupy many lectures, and the facts in support of it would be quite unsuited for a mixed audience.

Now, do not misunderstand me as saying that there is no such thing as John Smith, or Henry Robinson, or whatever name by which each or any one of you may be popularly known ; for the nearest police magistrate would, on pressing occasion, soon undeceive you. The explanation of the apparent anomaly in what I say is to be found in the words of John Goodsir : “ The matter of the organized frame, to its minutest parts, is in continual flux ; so that what is permanent in the organism is not the matter of which it is composed, but, as far as the ordinary exercise of our senses enables us to determine, its form only.” There is not a breath we draw, a function we exercise, or a motion we make that leaves us as it found us ; and thus we see that in the biological sense there is no permanence or independence, which alone could indicate individuality. We are entirely dependent on our surroundings for everything ; and in matter, force, and thought, if we may so separate it from force, the continual change is at once the necessity of existence and the destruction of individuality.”

Those of you who have been much amongst children must have noticed the great difficulty there always is to get them to understand the nominative case of the first personal pronoun, “ I.” The subjective pronoun is altogether a mystery to them, long after they have recognized matter in its various forms and the properties and forces peculiar to them. On the other hand, the objective “ you ”

seems to have little difficulty attached to it. Even long after they seem to have got the first glimmer of the subjective condition they continue to use the dative and accusative cases of the pronoun, "me;" because they hear others make themselves the objects under its use: or the children use their own proper names. I have known a lad, of fair ability, make this use of the pronoun until nearly ten years of age. This will at once suggest to the thoughtful mind the probability that the "ego" is an entirely artificial creation for purposes of convenience.

The argument of analogy might be pushed on this point to the very verge of absolute proof; for, since we have no lines of demarcation between the masses of the organized kingdoms, it is unphilosophical to assert that we can have such arbitrary lines drawn to subdivide the masses into individuals. The presence of one unit would lead to the supposition of general unit-ation. The arguments to be adduced from the natural history, the growth, development, disease, decay, and death of the whole organized system, from the Siamese twins down to the humblest monad, are innumerable, and so intricate that I dare scarcely allow myself to touch upon them. Who in a field of strawberries will venture to decide upon what is an individual plant? Each axis may be performing all its functions perfectly, and yet be dependent on another for its very existence, or it may be ready at any moment to maintain a separate establishment. Who can decide upon parasites, especially those strange beings which infest the human and other vertebrate animals? They, in the course of their anomalous development, change their habitat and put on appearances so different that it was only by the most careful and complicated experiments that their identity was established; and can it be said that the little and apparently structureless sac which afterwards becomes the tape-worm is an individual, inde-

pendent and complete in its functions? or is it two, or it may be three, individuals? "We must be content, then," writes Mr. Spencer, "with a course which commits us to the smallest number of incongruities; and this course is to consider as an individual any centre or axis that is capable of independently carrying on that continuous adjustment of inner to outer relations which constitutes life." But this is only getting into greater difficulties than ever; for it excludes all reckoning of the enormous influence that hereditary transmission exerts; and by it a human individual must be composed of a man and his wife, or, in the case of a Mahometan, perhaps of a man and his four wives, or of one wife and a fourth part of the common husband; and who could, under such conditions, find an individual worth mentioning amongst the Mormons? These latter would be as bad as the aphides, — those little green flies, the pest of rose-gardeners; to make up a single individual of whom it would, according to this definition, require some hundreds of what you generally consider separate aphides.

The very conception of individuality is thus seen to be impossible; it is, as I have said, a conventionalism, a convenient figure, like the x in algebra, to represent the centre which absolute knowledge must have, from which and to which all its parts may be referable; and though you may and must use the term for conventional purposes, — just as you say that the sun rises and sets, though you are quite well aware that as far as we are concerned that luminary is absolutely stationary, — you must dispossess yourselves of the idea that it has any scientific meaning whatever: this you must unlearn. Living beings must be defined to be organic centres displaying the phenomena of life, constantly giving and receiving organic matter and its forces and properties, and giving them off more or less altered in form and method. This is to be considered just

as fires are centres of combustion, constantly receiving the inorganic material and its properties and forces, and giving them off in altered forms and methods. These are what exhibit the phenomena of life; and in the inorganic group they have their homologues in crystals, which are centres of inorganic matter under circumstances analogous to the relations of life giving off and receiving inorganic matter. The analogy is strengthened by the running up of inorganic crystallization into the organic, and even, in cases of diseases and in fat, into the organized group; and in the relations of life, having an inexpressibly close relation to inorganic crystallization, as in the case of the silicious shells of some of the rhizopods.

We now come to the consideration of the second question, "What is life?"

Answers to this question have been given in numbers too great to repeat, but all have hitherto failed. Schelling defined life to be the tendency to individuation; but, as Spencer points out, this would include crystals. And I think I have shown still more potent reasons why this cannot be accepted. Even if the metaphysicians were allowed a say in the matter, and could establish their "ego" for men, the difficulty would remain for the rest of the organized creation. Have animals an ego? Undoubtedly some have a subjective idea equal to that of man; while others stand on neutral ground, and plants give no indication of it whatever. But are these latter not organic centres displaying the phenomena of life?

The best definition, although it is really doubtful after all whether it merits that name, is one given by Bichat, and which Mr. Herbert Spencer seems to have missed, — "Life is organization in action." I say that it is doubtful whether this ought to be called a definition at all; because it is a mere statement of results, nothing more.

And if one were asked to define heat, one might just as well say that "Heat is combustion in action," and give to the hearers the expression of an every-day fact, certainly, but no notion of the method of force implied by the word heat.

You have heard me use the expression "method of force;" and many may require a short explanation of its meaning,—an explanation which is absolutely necessary to enable you to understand my answer to this my second question. I told you that the primitive systems of philosophy imagined by mankind have always been founded on the separation of matter and its forces into separate and imaginary entities: just as I may tell you now that this has been the principle on which all systems of religion have been founded. The Greeks separated the more prominent phases of man's nature into separate entities, and deified them,—the gods being mere anthropomorphic parodies. And even in the more advanced religions there have always been the good and bad spirits or principles. This segregation has been brought to a *reductio ad absurdum* by the gross materialism of modern spiritualists.

During the last thirty years an utter revolution has taken place in this region of philosophy, and force is now defined to be a property of matter and utterly inconceivable apart from it. To deny this is quite impossible.

Further, the grand generalizations of Grove and Carpenter have opened our eyes to the fact that all the different forms of force, or, as we now say, methods of force, which we formerly recognized as separate entities under the names of heat, light, chemical affinities, &c., are all correlated and convertible one into another; and that this force is *conserved* by its alteration: that is, what was latent becomes potent. For instance, the gas now lighting this room was liberated by the force of heat from its posi-

tion in coal, where its force of light and heat had remained latent for millions of years since it was got from the same sun that now shines on us, millions of years ago, during the palæozoic period. The burning of that gas is effected by the method of force of chemical affinity. The force takes the form temporarily of light and heat during the combustion, and that again is held partially as one form of force, partially in another, in the water, carbonic acid, heat, and other products of the flame; some of which, as the carbonic acid, bearing with it some form of force, may enter into the tissues of a plant in our neighborhood. From that plant in the form of the protoplasm, or the organic matter of the plant, it may become part of the protoplasm of a sheep, and thence it may assume part of the temporary corporeal representation of some of my hearers. Thus an endless cycle, or rather series of cycles, of changes is going on from the *inorganic*, through the *organic*, into the *organized* states of matter, and back again; and these changes are effected by those properties of matter which we recognize as the various methods of force. Among them is *life*.

Everything that was not understood, some years ago, in connection with physiology was referred to a vague something which was credited as the "vital principle;" and many wonderful things were said and done in its name and authority. Men had got hold of a name, and they thought they had an idea,—a not unusual occurrence. Chemico-physical examination has, however, dispelled in great measure the mysteries and ignorance cloaked by this high-sounding title; and physiological processes, formerly thought to be referable only to this principle, can be conducted quite as well in the inert vessels of the chemist's laboratory by the aid of the methods of force of chemical affinities, etc., as they can in the moving laboratory of the organized being. Chemical synthesis can now

manufacture the products of the action of organization so perfectly that no difference can be detected.*

That life is a method of force, the property of matter, and is convertible into the other methods, and they into it, admits of no possible doubt after only a very brief consideration. The human stomach takes into it a quantity of various kinds of protoplasm, animal and vegetable; and in the stomach the protoplasm undergoes chemical and mechanical processes, the force so employed contributing in its altered method to the production and sustenance of the animal heat. In the blood, further digestion goes on, which results in heat and other forms of force. Heat is necessary for human existence, so is light, and so is chemical decomposition. Stop any one of the three methods of force, and the vital method ceases, and some other takes its place, as chemical decomposition in the decay of the body. For purposes of popular illustration, to make this matter sufficiently clear, I must take a simple illustration, one where the processes are sufficiently apart from each other and free from complication; where experiments free from all source of error can be easily made, as they cannot be in the human subject, and yet where life is quite apparent. For this purpose I mean to take a case well known to you all, the case of the esculent celery plant.

You know that the common garden celery is a cultivated variety of a plant common in marshy places near the sea,

* Recent investigations in the hands of such men as Benjamin Richardson, have almost completely demolished the theory on which the "vital action" was explained. This able physician's labors, more especially those on the coagulation of the blood, have immensely aided this. The extraordinary results obtained by Crum-Brown and Frune, from experiments investigating the relation between chemical combination and physiological action, make further proof almost unnecessary. From their last published papers I would merely select the fact, which will bring to the popular understanding what I mean better than any other, that while the active principle of the ordinary hemlock, conia, has a certain action on frogs, when its chemical constitution is somewhat altered by combination into what we know as dimethyl-conium, its physiological action is completely altered. On the frogs it then has the most extraordinary power of depriving them of every sign of life, and then, after the action has passed off, they sometimes appear again alive and unhurt.

the *apium graveolens*, in its wild state unfit for food. There are four essential conditions necessary for the growth of celery,—humus or soil, moisture, heat, and light. The first two are requisite to furnish the matter on which the force of chemical affinity is to be exercised; just as in a Seidlitz powder you require the powders and the water to hold them in solution, otherwise no effervescence would take place. Heat is necessary, for no growth can take place without it; and this seems to be the part this method of force takes in the correlation of forces displayed by plants. Special chemical compounds seem to be influenced more by light than by other methods of force. You know that in the hands of the photographer the method of force light is converted into the method of force chemical affinity, whereby he is able to produce for you those wonderful sun-pictures. A very similar action takes place in the celery. You know that growers of this plant carefully heap up earth round its stalks, and thereby produce in them a blanched appearance; and that when the stalks and leaves are exposed to the light they present brown and green colors. Neither heat, soil, nor moisture has this effect. What takes place when the light gains access to the stalk is that the method of force light is converted into the method of force chemical affinity, and there are produced definite chemical compounds, which we know as chlorophyl, or green coloring matter, and a special and partially poisonous principle which I am not aware has yet been named, unless it be the same we find in a plant of the same species, parsley, and it will then be apiol.

You may, then, understand that life is a method of force.

Up to this point I can lead you with confidence, relying on the work and authority of others as well as my own; but I mean to venture a little further, and tell you some-

thing more that I have thought out for myself, and which, therefore, you may take for what it is worth. From what has gone before I believe I am now entitled to promulgate a definition, and which I place here for purposes of convenience in publishing. When I read it to you, I have no hope that you will understand it; for even when before you in print, it will take much thought and careful analysis to understand its involved clauses. I define life to be "a method of force displayed by centres of organic material and characterized by gradations of definite combinations of heterogeneous cycles of changes, simultaneous, successive, and continuous; these gradations being in direct ratio to the degree of anatomical complexity of the organic centres."* Those of you who have studied applied mathematics know what a "resultant" is. For the benefit of those who do not I may briefly explain it. A resultant is the line of direction taken by a body when acted upon by two forces acting in different directions. Thus the course of the earth round the sun is the resultant of the two forces of the earth's tendency to follow a straight line and the central attraction of the sun's mass. Those who may have been able to follow the steps of my complicated definition will easily see that my view of life is that it is a resultant method of force, that it is a resultant of several methods acting in different but convergent directions. To my mind the proof of this is perfect. In the case of celery, we may take four methods of force to be in exercise (there may be others, but their consideration is of no moment for us), molecular cohesion, chemical affinity, heat, and light. The complete absence of any one of these methods would give a different resultant; we should either have a much lower form of life, or we should descend to

* I am bound to say that this is an elaboration of Mr. Herbert Spencer's incomplete definition, and it has at least the merit of being as intelligible. If intelligible, it is much more complete.

the inorganic group, and have only one method of force or a simple resultant of two ; and a crystal might be the result. Here, as elsewhere in nature, we have no boundary lines : every difference is merely a question of degree. In the higher vertebrata, as the last links of the great chain, we have all the known methods of force at work to produce the resultant, and it is necessarily the most complicated to be found. That this notion of a resultant method is not a mere phantasy, to please and amuse a speculative mind, I shall endeavor to show you when I come to speak of death ; on the other hand, I think it one which may prove of incalculable service to us.

As we descend in the scale of organization, we find the resultants becoming simpler, and occasionally we find such apparently anormal instances as the Cypronodous, forming at once the exceptions which prove the rule, and form the links of the harmonious progression. At the very base of the scale we find in the Microzoa resultants so simple as apparently to be formed solely of two methods — molecular cohesion and chemical affinity — their life is so rudimental : while, as analogy would lead us to expect, we get inorganic compounds and even simple bodies whose resultants are composed of two, — it may be suspected in the cases of some, even three methods of force simultaneously acting. The magnetic condition of a steel needle is a familiar instance, and one which, popularly, may be easily imagined to come very close indeed to life.

How these methods combine to give the various resultants we of course do not know, any more than we can understand how they are properties of matter. We can only speak of the phenomena as we find them.

We come now to consider the answer to my third question, “How and whence comes life ?” that is, at what point do we, in the scheme of organic creation, first discover indications of phenomena indicating the resultant

of methods of force to which we give the name of Life? This is a question to which it was impossible to give even an approximately correct answer until within the last few years, — since, in fact, we have had those enormously improved means of minute investigation now at our command. The ancient scholastics gave forth the dictum contained in the celebrated sentence, “Omne vivum ex ovo,” and carried on endless disputations — not ended even in our own day — as to whether the hen or the egg had priority of creation. Now-a-days we deny it to both, and explain them equally by the process of the molecular growth of a cell. Modern physiology has revived this old scholastic doctrine under a form which has given only one side of its probabilities; a doctrine which is equally objectionable, because it places a hypothetical boundary to what is practically infinite; and we have the cellular doctrine contained in the equally celebrated phrase, “Omnis cellula e cellulâ.” To explain the many contradictions of this dogma, which the crudest examination of the question unmistakably reveals, one of the most ingenious speculative absurdities, and at the same time a very antiquated idea, has been put forward under the name of *Panspermism*, to which I shall again allude.

You know that all organized beings above those at the very bottom of the scale are composed in great part of what are known as cells, that is, of particles of protoplasm, containing generally a nucleus which seems to have a special power over their growth, development, and reproduction. In the higher animals these cells are clustered into groups, known as *cell-territories*, of which groups there are *mother cells*. These cells and territories are all mutually dependent, each on others of its kind; and the cycles of changes which occur in them constitute their functions and, collectively, the life of the organism. Now all these organisms have special means of reproduction, of

the varieties of which it is unnecessary to speak. Suffice it to say that the cell from which every organism may directly or indirectly originate, even to the highest vertebrata, has a molecular growth; and that what I have to say of those humble beings at the base of such organization, and in whom there are no cells, applies equally to all.

The greatest builders the world has ever seen are beings so humble that they are visible only when magnified many hundred times, and then are seen to be mere specks of jelly, putting out limbs and drawing them in suddenly in an apparently disorderly and eccentric manner. When they meet with a particle of suitable food they literally wrap themselves round it, and digest it without the trouble of a stomach. Beings analogous in very many respects, I had almost said every respect, if they were not as yet premature, are to be found in incalculable numbers in the organisms of all animals up to man, where they are seen in the white corpuscles of the blood. There are beings humbler still than these, and so small that nothing can be seen of them but their motion.

If you make an infusion of any vegetable substance, such as hay, and allow it to stand, you know that it will become putrid; and after putrescence, if you examine it microscopically, you will find indications of active life in abundance. Now the theory of the Panspermists is, that these animalculæ are developed from myriads of supposititious eggs which are floating about in the atmosphere, and which settle down wherever and are developed as often as they can obtain suitable conditions. Now the atmosphere has been carefully examined by many most competent observers for the purpose of seeing these extraordinary eggs; but they have not been found, save in the imagination of the Panspermists: and as positive philosophy cannot recognize their existence under such circumstances, we take

it upon ourselves to deny them a position, and to show another *raison d'être* for the animalcules. Arguments of great weight I could urge against the doctrine that these animalcules are the products of these aerial germs; for instance, when the experiment is so conducted that there can be no germs in the infusion, and when only artificial air, in which there can be no eggs, is allowed to be in contact with it, the animalcules are produced. But want of space must limit me to the statement that the doctrine is eminently unphilosophical, out of harmony with the law of evolution, and, worst of all, without any facts whatever in support of it.

Let me now briefly speak of the other doctrine brought forward to explain the origin of these first indications of the phenomena of life; what is known as heterogeny, or, popularly and very erroneously, spontaneous generation. Let me beg of you never to use this latter absurd and contradictory term.

The doctrine of heterogeny is that these animalcules are the product of a peculiar molecular arrangement of the organic basis in which they appear, resulting, as I would say, from the co-action of several methods of force.

The doctrine of heterogeny has in its favor an *a priori* possibility; it is quite in harmony with the now well-established law of evolution; and it has besides the direct evidence of abundant and most satisfactory experimental proof. On this latter point I have not time to enter at any length: suffice it to say that it has been completely shown that the force producing these organisms rests immediately in the material employed, and that they are not introduced from without. For instance, a putrescible fluid has been planted with a certain kind of fungus or animalcule, and it has produced an organism totally different. Then there are certain general laws which regulate the production of the fungi and infusoria,

which are utterly irreconcilable with the Panspermial theory; as that the variety of product has an unvarying relation to the density of the putrescible fluid, its volume, its depth, and its temperature; also to the barometric and other external relations. Besides all this, the actual process of the genesis of life has been watched by the inquiring eyes of Manteyazza, and he has given us the following account of his experience: "The observation lasted sixteen hours; and during all that time I did not raise my siege, I did not quit the field of the microscope, observing sometimes with one eye, sometimes with another, then closing them both for half a minute, for the purpose of resting them. I had an intense desire to continue the observation, but nature was stronger than my determination: my eyes began to fill with tears, and I could no longer see the field of the microscope distinctly. I had to desist, overcome with fatigue, but delighted to find that I had surprised life in its cradle." His method was to place a tube, the contents of which could be examined by the microscope; and having excluded all possible chance of the interference of germs, he sat down to watch it, with the tube hermetically sealed. At the end of two hours a mass of fine granules were observed proceeding from the disorganization of the vegetable tissue he had placed in the tube, and from the irregular edges transparent and immobile excrescences were seen to detach themselves. These he termed the *bacterium termo*. In three or four hours more they began to exhibit Brownian movement; then to oscillate shortly from side to side, and ultimately to swim about. In about ten hours the liquid was turbid with them.

Here we have the genesis of life, — life in its cradle, to use Manteyazza's suggestive expression. To recur to our illustration of the celery plant, we have in these humbler and primitive organisms the conditions, let us say four, of light, heat, moisture, and soil. We have the methods

of force, light, heat, and chemical affinity in action, and without any of these we could not have the resultant phenomena, while, if we modify any of them, we modify the resultant, even to the production of different results by the use of different-colored rays of light.

I should like very much could I from this the lowest point lead you up through the long line of organized beings to its summit, man; and show you how intimate and essential are the bearings of each of the organic centres on each other, whether considered in their groupings or as separate centres; I should like to show you the utter absence of individuality of any kind. It would, however, require very many lectures to do this, and it could only be done by one having such a grasp as Richard Owen. I wish I could show you how the law of evolution rules everywhere; I wish I could even stop to tell you what it is; but I trust on this point I may have sufficiently whetted the curiosity of some present to lead them to inquire further and learn for themselves that from the simple silicious pebble up to the most complex organism there is no hiatus, or at least none that is not in existence only from want of experience on that particular point; to learn for themselves that there are no "missing links," and that this uniformity prevails in every phase of study when pursued by the positive method.

What then, do you ask, do the terms disease and death apply to? what is death? You may ask of Mr. Herbert Spencer, and he will tell you that "an arrest of co-ordination is death, and that imperfect co-ordination is disease." Now, such unphilosophic terms as those involving relative perfection in a system recognizing a "reign of law" cannot be tolerated. Who can say that the decomposition of organized, or at least of recently organized matter, is not a co-ordination of several methods of force and their correlation? A more wholesome feeling is now beginning to

pervade the schools of pathology; and instead of talking of diseases, save for convenience sake, as distinct entities — individualities to be specifically combated — we speak more philosophically of altered nutrition and disturbed functions. In fact, we mean that the methods of force in action within the organism are modified. Just as we can modify the production of microzoa or microphytes in decaying infusions by altering the direction of chemical affinity, or by preventing the access of heat or light, or by other means; so we can in the human organism* and in the organisms of other organic centres produce altered conditions known as diseases by modifying the methods of force. This may be brought about either intentionally or accidentally, and it may be continued hereditarily. Thus, if we misdirect the method of force, chemical affinity, in a dog by feeding it on one article of diet alone, we produce many altered conditions of function and nutrition, such as ulcerated eyes, etc., which have specific names as diseases. The whole ends in that solution of the organic centre — a resolution of the resultant — to which we give the popular name of death. That most philosophic of men, whose thought-gland ever exercised its function as none has done before or since, has left us this —

“ What’s yet in this,
That bears the name of life? yet in this life
Lie hid more thousand deaths: yet death we fear
That makes these odd all even.”

In this matter, as often elsewhere, Shakespeare has anticipated the work and conclusions of modern science and

* That the old art of medicine is rapidly approaching its inductive stage as a science is beautifully illustrated in the discovery, through absolute induction free from empiricism, of the action of chloral hydrate by Dr. Liebrech. Knowing that this complex chemical substance split up in the test glass into prussic acid and chloroform when in the presence of an alkali, he thought that it ought to do so in the human organic centre. The result has proved the correctness of his syllogism, and we have now in our hands one of the most potent useful drugs which has been added to our store for many years.

philosophy. Here, in these few and inimitable words, lies all I have to teach you. In life lie hid more thousand deaths than I can name ; as I said before, it is a continued cycle of changes : and death is merely a change, more marked to our senses perhaps, but not greater than many in constant action. It makes these odd all even : it sends matter into its premature inorganic or simple condition and with it its method of force is temporarily disassociated from the correlated methods. Or it may be, it sends matter down only a few degrees in the scale, and we have not such divergent separation of the various methods. For instance, in its decomposition, the human body gives rise, under various conditions, to various complex chemical substances or to microzoa and ultimately higher organizations. In fact, this change reduces one organic centre into many such, and it may be into some in the inorganic group. In the actual process of change known as death, there is really no point at which we can say, that what is popularly known as " the change " occurs. Death is a complex and slow process. For instance, the important functions of such an important gland as the brain may wholly or for great part cease, and yet the organic centre may continue to breathe and give other indications of life. Nor do the ordinary phenomena of life, as popularly understood, cease when the jaw drops, breathing ceases, and the eye becomes glazed. If at this time a limb be removed and blood be made to circulate in it artificially, nearly all the phenomena of life may be reproduced. Then the chemical processes of the organic centre are continued for some time, and only slowly decrease in activity as other processes are set up. Again, the post-mortem rigidity familiar to all who have had to handle a dead body is certainly a remnant of the old life. Apparently irregular conditions, as those of the extraordinary post-mortem

movements sometimes seen in patients dying of cholera, still further illustrate this point.

The old maxim, then, which was reverently placed on the tomb, is physically true, *Mors janua vitæ*.

A few words more, and I am done with this tedious and probably unintelligible lecture. We have in that quaintly beautiful and intrinsically interesting Eastern legend of the specific creations the statement that life was brought into existence by a single effort of Divine Will. This narrative, which has much philosophy in it, which may be found when looked for, has been in this matter, as in others, very much misunderstood by men; and I trust that some of you, at least, will leave this room with your popular notions on this point corrected. The narrative of the Pentateuch is generally supposed to represent that life was once called into existence, and that from that one instance all other life is in direct descent. To those of you who have followed me it must at once be apparent that that is quite a mistaken view. Life may have then been called into action; but ever since it has continued to be called into action, and every additional bacterium is an instance: the continuity of the eternal cycles of change demonstrates the continuity of creation.

A CASE OF OVARIOTOMY.

BY GEORGE HOLMES BIXBY.

(Communicated to the Society, and read December 3, 1872.)

Through the kindness of Professor D. Humphries Storer, on October 18, 1872, I was called to see Mrs. C——, residing in Wyoming, who was suffering from an abdominal tumor.

The patient was thirty-one years old, a native of Germany, having emigrated to America in 1857. Her parents are both dead; the father died of pneumonia; of her mother's death, she remembers that it occurred from some affection incident to the climacteric. She has three living sisters, all in good health. Menstruation commenced at fifteen, every four weeks, and continued four months, then ceased, but reappeared after three months' absence. From this on, the catamenia was normal as to time, quantity, quality, and duration, and painless.

She married in January, 1865, and has given birth to two children; the first, ten months after marriage, March, 1866, with comfortable labor. The child was healthy and nursed one year. During that year, the mother suffered from erysipelas of the face and head. In the course of her illness the secretion of milk was arrested, and when recovery ensued, it returned in one breast only. The second child was born in June, 1868. At the first month of this pregnancy, the abdomen commenced to enlarge, and at the end of two months was larger than at term in the first pregnancy. At the end of gestation the uterus was pressed down toward the pelvic cavity by the large mass above, which from its great distention impinged upon the organs in the vicinity of the diaphragm; there was consequently great difficulty of breathing. Labor began at 4 P.M., with slight pains, and a healthy child weighing eight pounds was born during the night. After confinement the enlargement was not in the least diminished, but was more general, and less prominent at its superior border. The following morning she asked the attending physician the cause of this continued enlargement after confinement, declaring that such had not been her experience in the first one. She received no satisfactory reply. On the seventh day the bowels became enormously distended, tympanitic, and excessively sensitive even to the

least pressure, particularly marked in the parts immediately surrounding the umbilicus. Respiration was hurried and labored, and the poor sufferer was so feeble that she could scarcely enunciate above a whisper. The physician was summoned, and upon his arrival ordered the application of cloths wrung out in hot mustard water, and later a sitz bath. The enormous size and extreme sensitiveness of the abdomen rendered it impossible for her to rise, and consequently the latter was not carried out. Upon recovering from this illness, three months after, she applied for treatment at the Massachusetts General Hospital.

At the Hospital she was seen by Drs. Cabot, Hodges, Tarbell, and others; she did not learn the nature of her trouble, but upon her departure received a prescription for iodide of potash. August 18, she returned to the Hospital, and was admitted. On this occasion she was tapped by Dr. Hodges; the fluid discharged resembled coffee grounds, and after thirteen days was discharged much relieved.

October 1, 1868, the menses appeared for the first time since her confinement in June, and continued with regularity. From this date until March, 1872, the space of three years and four months, there was no sign of a return of the disease, and the patient considered herself quite well. Not far from March 1, 1872, she noticed a little fulness in the lower part of the abdomen, later she experienced a series of chills, and from this time forth the abdomen rapidly enlarged. March 21, she consulted Dr. French of Malden, by whom she was tapped twice: on both occasions the fluid resembled coffee grounds. The last tapping, which was performed on August 16, was followed by such severe reaction that her life was despaired of. Present condition. By inspection; the patient is in bed, where she has kept since August 2. She is of light complexion; the face is extremely emaciated, making the bones quite prominent.

Notwithstanding these evidences of great debility, there is a clearness of the eyes that denotes latent strength. The extremities are mere skin and bones; the abdomen is enormously distended, presenting a peculiarly long shape; upon the surface there are present numerous cicatrices from former distensions; there are no appearances of œdema in any part of the body. Respiration is short and labored, with frequent paroxysms of a dry spasmodic cough. A profuse, clammy perspiration appears upon the surface. The heart's action is quick, but feeble; lungs apparently healthy, but materially interfered with by the pressure of the tumor. Upon percussion, the wave of fluctuation is uninterrupted in all parts of the abdomen. Flanks are quite free; the covering of the abdomen immediately about the umbilicus, for a space of two or three inches around, is thickened and indurated. The mammæ and external genitals and vagina are normal; the cervix uteri also normal. The uterine cavity measured two inches and a half, the organ itself ante and slightly latero-verted toward the R. Fluctuation at the right of the uterus quite indistinct, is rendered more distinct by pressure over the abdomen. There is no pouching in Douglas' fossa. Diagnosis: cystic disease of the ovary; impossible to determine which, or if one or both are affected. Patient *in extremis*. Prognosis: without radical operation, absolutely unfavorable; with the operation, doubtful.

I submitted my opinions to patient and her friends, leaving them to consider it. I saw her again on the 20 of October, found her calm, and full of courage. The 23 of October was appointed for the operation. The preparations were the same as in a previous case.* Before proceeding to the description of the operation, I desire in a few words to describe the situation and sur-

* See this Journal for August 1, 1872.

roundings in which I find my patient. The residence is in the outskirts of a sparsely settled village, with an open country on all sides; a railroad passes very near. The house is a story and a half structure, and faces the north. The patient's room is the north-east chamber, measures fourteen feet by twelve, and seven feet high. It is lighted and ventilated by four windows, two on the front, or north side, and the same number on the east end. She has the benefit of the morning sun, until two P. M. The following gentlemen were present: Drs. Wheeler of Chelsea, Warner of Boston, Pinkham of Lynn, Keniston of Cambridgeport, and Hanscomb of East Somerville. I regret the want of the "Crosby bed," but a single wooden cot raised to the proper height was substituted. The cathartic given the night before was not effectual; I therefore ordered a copious injection immediately before commencing; the latter had a good effect. The urine was evacuated at the same time, therefore the use of the catheter was unnecessary. After removing artificial teeth the administration of chloroform was commenced by Dr. Warner.

The patient inhaled the anæsthesia kindly, and was very soon under its influence. Everything being in readiness, I commenced my incision a little to the right of the median line. I attempted to cut layer by layer; but after passing through a thin layer of fat, the knife passed immediately through the coverings, making a small opening that gave exit to a fluid resembling pus. The parts were found so agglutinated that it was impossible to distinguish, much less to separate the different layers. Deferring further exploration, the evacuation was commenced through a long curved Chassaignac trocar; and later, the latter having been removed, by a free opening, a very large amount of fluid resembling pus escaped, the latter part of which came away in large masses of curdy flakes.

I returned now to examine the incision. An attempt

was made with the finger and afterwards with the point of a director to separate the layers, but in vain. Upon passing the entire hand into the cavity, I detected at the bottom of the cyst a hard unyielding body, which felt like the uterus. The impression became more evident when I found it to be pear-shaped, and its inferior extremity attached to a broad band, that seemed like the vagina.

To test this point, I raised the mass within the cavity, while Dr. Warner examined per vaginam, and reported the uterus and vagina quite independent of the above. This point settled, we returned to the matter of enucleation. Among other things, a case occurred to me which I saw with Dr. H. R. Storer in the practice of Dr. McCollister of Groton, where the cyst was firmly adherent, excepting at a point possibly four inches square, immediately under the incision. Finding it impossible to detach beyond this space, Dr. Storer removed the loose and degenerated cyst wall in front, and introduced a large tent and left it in place. The patient recovered with a complete destruction of the cyst. In case other means failed, I thought this was worthy of a trial at least. After making another exploration, and again raising the tumor, I noticed now that certain parts of the sac were inverted in folds, which proved at once that at these points it must be free from adhesions. While waiting to hear the opinions of the gentlemen, Dr. Pinkham came to our rescue with a most timely suggestion, namely, to *tear through the cyst wall in one of the inverted folds* as near the edge of the incision *as possible, and enucleate from behind*. The wisdom of Dr. Pinkham's suggestion was instantly recognized by every one, and I proceeded at once to put it into execution. I attacked the cyst wall in one of the inverted folds three inches from the edge of the incision; it offered some resistance, but at length succeeded in tearing through it. No hemorrhage worth mentioning followed. One

finger inserted into the rent detected a free space one or two inches in diameter. In attempting to proceed further, the progress of the finger was arrested by strong adhesions. Drs. Wheeler and Warner now came to my assistance, and with three pairs of hands in the abdomen the work of enucleation was vigorously undertaken. At one moment the adhesions for a considerable space yielded with little force; then we were suddenly arrested by firm fibrous attachments, which required the combined strength of two persons exerted in opposite directions. Thus from simple adhesions to firm, unyielding fibrous bands, now with the entire hand, then with the single finger, we continued breaking and tearing whatever opposed us (hardly daring to think of the present or prospective condition of the patient); until, after twenty minutes of hard work, the last adhesion was reached and divided, and to our satisfaction the sac raised from the abdominal cavity, attached by a medium size pedicle to the left cornu of the uterus.

The ragged appearance of one third of the surface of the specimen indicated the parts adherent. It was quite impossible to state definitely to what tissues or organs these adhesions were attached, owing to the disturbed relations of the parts. Dr. Pinkham was of the impression that a strong fibrous band extended to the left lobe of the liver. I recall distinctly having separated a broad fibrous band so very firmly attached to the umbilicus as to resist a reasonable amount of force, and had finally to be cut with scissors. I am confident that the adhesions were unusually firm at the point of tapping. Lest blood or contents of the tumor might have entered the abdomen during this protracted operation, I proceeded to wash out the abdominal cavity with a solution of carbolic acid and water, a fountain syringe being used for the purpose. The fluid was allowed to enter until it overflowed, and escaped as clear as it entered. To ensure a more complete evacuation of the

fluid injected, the patient was turned upon the side, and subsequently the abdominal cavity explored with sponges attached to holders. The sac was lifted up, so that in a stooping posture the pedicle was brought between the light and myself. It was then spread until every part became transparent, thus showing the location of every vessel of any size. In this manner I was enabled to avoid the vessels in introducing the "Preventer pins." As an additional precaution against hemorrhage, the pins immediately before introduction were heated to a black heat over the flame of a spirit lamp. The clamp was placed upon the pins and secured, the cyst removed, and the pedicle reposed in the lower angle of the wound; the latter, three inches long, was closed by three metallic sutures involving the peritoneum; the last suture left partially twisted for drainage.

The surface of the abdomen was carefully washed and dried, soiled clothing, etc., removed, and the interlacing straps of adhesive plaster, after Prof. White of Buffalo, applied.

The patient rallied from the anæsthesia in the course of thirty minutes. A profuse perspiration covered the face, and she appeared weak; the extremities, however, were warm. Pulse, 101; temperature, 100. Upon leaving, ordered brandy and water, tea-spoonful doses once in fifteen minutes. No other nourishment for some hours. In case of pain, a suppository composed of one grain of opium and one-fourth grain of belladonna to be administered. Oct. 24, A.M., patient passed a remarkably quiet night, no nausea, complained of slight discomfort in the abdomen, hardly amounting to pain, for which, however, the nurse thought best to employ one suppository. Ten ounces of clear urine was passed by the catheter; pulse, 86; temperature, 96; tongue moist; abdomen flat. Milk and flour porridge given in place of brandy. Oct. 25,

pulse, 83 ; temperature, 100 ; abdomen flat ; tongue moist ; no nausea. By the patient's earnest request the use of the catheter was suspended, and the urine passed voluntarily.

26. I noticed this A.M. a little pool of ichorous matter near the inferior extremity of the clamp ; this was removed, and the parts thoroughly atomized with carbolic acid, and a cloth wet in the same solution laid upon it. At first I feared this oozing might be from the abdominal cavity ; afterwards I found it proceeding from the pedicle, which was undergoing a rapid degeneration. At all events, the nurse was ordered to be very particular in keeping the parts thoroughly cleansed. 27, the patient passed a fair night ; pulse, 90 ; is quite restless ; skin hot and dry. There is slight tympanitis along the transverse and descending colon ; ordered one drop of tincture of aconite every two hours during fever. 28, pulse 96 ; temperature, 100 ; complains of a little tension in the descending colon, fever less, nourishment taken and relished, tongue moist, eight ounces of urine voided. The extremity of the pedicle being entirely mummified, I removed the clamp and left it hanging by one pin, the other having previously worked out. She was ordered five drops of spirits of turpentine every three hours during the day. The removal of the clamp required considerable manipulation, and the patient became quite nervous before it was accomplished. I left a rectal tube to be used in case the tension increased or was not relieved by the turpentine. All former directions to be continued. 29, the turpentine did excellent service, the patient being entirely relieved. In addition to the gruel, she takes beef tea. The remaining end of the pedicle is fast sloughing off ; a generally favorable condition continues, the last pin removed, and the pedicle left to itself.

Nov. 3, eleven days after the operation. During the last four days everything progressed so favorably that no

special notes were taken. I cut out the portion of adhesive plaster covering the incision, and removed the stitches. The wound was found healed, save at the point nearest the umbilicus. The remainder of the adhesive plaster was left until after the use of the cathartic, which I ordered this morning. Nov. 6, the cathartic operated well; it occasioned some griping, and she seemed rather weak, but felt much relieved. Upon the removal of the adhesive plaster to-day, I was somewhat surprised to find the tissues surrounding the umbilicus indurated, and at one point, indistinct evidence of fluctuation. This condition, which must have existed for some time, escaped observation, being concealed by the plaster. Poultices were ordered to be applied. The following day the parts were less sensitive. The nurse called my attention to a small opening near the upper end of the incision, from which pus was oozing. The point of a small probe entered to the extent of a quarter of an inch. I suspected some connection with the swelling round the umbilicus; this was conclusively established when pressure was made upon the latter. Poultices were continued, and subsequently the tincture of iodine. I saw the patient thirty-eight days after the operation. I found her dressed seated in a rocking chair, wonderfully improved; face filled out and rosy; was able to walk about her apartments, and, I dare say, attended more or less to her domestic affairs. Upon examining the abdomen, I found the wound entirely healed, having contracted to an inch in length. The extremity of pedicle had disappeared below the incision, for not a trace of it could be found, not even the navel-form depression which usually remains after the use of the clamp. The induration about the umbilicus was all gone, and the abdomen bore quite rough manipulation without giving the least pain. Notwithstanding the extensive adhesions, the results of chronic peritonitis and her extreme condi-

tion before the operation, I am informed that her condition the next day after the operation was by far better than after the last tapping.

I am deeply indebted to Dr. Gilman Kimball of Lowell, for his kindness and courtesy in relieving me of a most embarrassing position in regard to a nurse, by favoring me with the invaluable services of his accomplished ovariectomy nurse, Mrs. H. H. Cleasby, of 61 Middlesex Street, Chelsea, Mass.

GYNÆCOLOGICAL SUMMARY.

XII.

ON THE EXTERNAL AND INTERNAL ORIFICES OF THE UTERUS: THEIR ANATOMY, PHYSIOLOGY, AND PATHOLOGY.

BY J. HENRY BENNET, M. D.

The subject which I have taken for the present communication is so extensive, it can be viewed and discussed in so many different lights, that a volume might be written on it. My object, however, is merely to lay down a few general anatomical and physiological data, as a basis for treatment in pathological conditions. My hope is, that the discussion of these data at this meeting may establish a little order in the chaos of present practice at home and abroad.

Anatomically, there are two distinct cavities in the uterus; that of the body, the larger one; that of the cervix, the smaller one. It is in the cavity of the body of the uterus that conception and the development of the foetus takes place, whilst the cavity of the cervix is a species of antechamber which precedes and protects the

more sacred internal precincts. The circular fibres of the body of the uterus converge towards the cervix, are continued throughout its entire extent, and form the greater part of its tissue, half an inch in thickness. These circular fibres of the cervix are endowed with vitality, and with contractility in the cervical canal, even in the non-pregnant state, as is seen on introducing a stick of nitrate of silver, or a solution of nitrate of silver, into the cervical cavity. Its entire extent instantly contracts, so that the uterine sound can no longer be introduced without an effort, although the canal may have been quite patulous before. These circular fibres, in the healthy uterus, surround and form an infundibuliform cavity in the central cervical region; whilst at the outer or vaginal outlet, and also where the cervix passes into the uterine cavity, they are in circular approximation, like the sphincter ani. They thus close the canal in both directions, and resist the effort to enter either cavity with sound or bougie, and that by a vital contraction. In a word, the cavity of the uterus is separated from the cavity of the cervix by a regular sphincter, a fact which I was the first to demonstrate in 1848; and the cavity of the cervical canal is separated from the vagina by a second sphincter. I do not mean to assert that on dissection a separate band of muscular fibres, assuming the form of a sphincter, can be demonstrated, nor have I ever made such a statement. What I have asserted and do assert is, that the circular fibres which constitute the mass of the thick structure of the cervix uteri, or some of them, contract vitally and perform the functions of sphincters. I would remark that, anatomically, all the great cavities of the body have sphincters—the stomach, the intestinal canal, the bladder. For the uterus not to have one, would be an exception to this anatomical rule.

Physiologically, these sphincters open and close under

physiological conditions. Before, during, and after menstruation, the os internum often opens to gentle pressure in cases in which it is impassible, except to force, in the interval of menstruation. In a much minor degree I notice the same fact with the healthy os externum. In all probability they both open, likewise, under the influence of sexual orgasm, thus facilitating the entrance of semen and conception.

On the other hand, the os internum constantly closes spasmodically on the contact of the cold uterine sound, so as to require more or less force for it to pass, and that in the healthiest female. A warm wax bougie of the same size will, however, often pass with gentle continued pressure. The contact of any astringent or irritating substance — alum, zinc, tannin, nitrate of silver — occasions, in a few seconds, such a contraction of the os externum as to effectually close the canal. Closure of the uterine orifices, indeed, is so much the rule in the healthy female, that an open patulous condition of either orifice may be considered to generally imply disease, inflammation, inflammatory hypertrophy, or a fibrous growth.

To me it appears that the above statements are facts, undeniable, uncontrovertible facts; and if so, it is of the most vital importance that they should be generally recognized. In actual practice, we constantly hear of serious operations performed on the uterus by eminent obstetricians or surgeons, founded on the non-recognition of these anatomical and physiological data. Such operations are based on the supposed existence of strictures, which, if I am anatomically right, often do not exist. A remarkable fact connected with the operations the abuse of which I criticise is, that one class of eminent practitioners, such as Sir James Simpson and Dr. Greenhalgh, very frequently divide the os uteri internum as the seat of stricture, and as the cause of uterine suffering of all kinds; whereas other

practitioners equally eminent, Dr. Marion Sims and Dr. Emmet for instance, I believe, think that the os internum proper is seldom in fault, and divide the os externum down to its vaginal attachments in all but exactly the same class of cases. Thus, the practice of each category stands condemned by that of the other.

The division of the os uteri internum for sterility, dysmenorrhœa, &c., was introduced by the late Sir James Simpson more than a quarter of a century ago, and I do not think that up to the end of his career, he ever discriminated between physiological and morbid contraction of the os internum; or, in other words, that he ever adopted the above view long ago submitted by me to the profession. I certainly have known him, in consultation, declare females to be suffering from stricture, when they presented what I considered to be a mere physiological resistance to the introduction of the sound. Moreover, I have seen many females in whom he had clearly divided the os internum under the same conditions. Indeed, it is well known that the division of the os internum had become a matter of routine with our lamented colleague. I may add that it is so still with many of his followers at home and abroad. Thus, in 1864, Dr. Greenhalgh, stated, in my presence, at the Obstetrical Society, that he had divided the os internum in several hundred cases within a few years.

Dr. Marion Sims, on the other hand, in his really valuable work on the *Surgery of Women's Diseases*, seems to think that the os uteri internum can generally be left to take care of itself, and proposes as a remedy for sterility, displacements, and chronic inflammations of the uterus, division of the entire cervical wall on both sides, down to its attachments to the vagina. In midwifery we are taught to consider laceration of the cervix, during labor, down to its vaginal attachments, a serious complication, and I

constantly find it the evident cause and origin of severe chronic inflammatory disease. Yet it is this condition, artificially induced—it is this surgical interference with the natural structure of the uterine neck—that is to remedy sterility, to remove secondary displacements, and to cure chronic inflammatory disease. For myself, I believe that this operation is totally powerless, as a rule, to remedy or even palliate these conditions. Dr. Sims says that he and his colleague, Dr. Emmet, have performed this operation more than five hundred times within a few years in their hospital at New York, and with satisfactory results; but these women should have been seen a year after the operation. No results obtained by uterine treatment of any kind can be accepted as permanent until after that lapse of time.

It must not, however, be thought that I deny congenital or pathological stricture of the uterine orifices. Far from it, I have myself in many cases cured severe congenital dysmenorrhœa or pseudo-membranous dysmenorrhœa by dilatation of the os internum. But I was not guided in having recourse to such treatment, by the resistance of the os internum to the sound, an unreliable guide, as we have seen. I have resorted to it in congenital cases because there was no other apparent cause for dysmenorrhœa, but evident narrowness of the passages: in pseudo-membranous dysmenorrhœa, to give a freer exit to the pseudo-membranes; in pathological cases, in chronic inflammatory disease, because the removal of the morbid condition was not followed by spontaneous dilatation of the really narrowed orifice, and by disappearance of the dysmenorrhœa.

As to division of the os externum, I should feel disposed to limit it to those exceptional cases of conoid cervix in nulliparous women, which my friend Dr. Barnes has well described, and in which the orifice of the os internum is

preternaturally small. With some women, its rational aggrandizement may certainly facilitate menstruation and conception. But I do not consider it a rational surgical procedure to dilate the cervix, by cutting it in two from apex to base. What surgeon has ever proposed to dilate stricture of the male urethra by dividing the glans or entire penis in two halves?

In conclusion, I would recapitulate by stating that I myself do not consider that there is any positive evidence of abnormal contraction of the os uteri internum if a small wax bougie, warmed and bent to the natural anterior curve of the uterus, passes, on gentle continued pressure, into the uterine cavity. I do not even consider that there is any such evidence on the non-passage of the uterine sound or of the small wax bougie. If there be no dysmenorrhœa, if free painless menstruation exist, the contraction may be vital; it may, and probably does in such cases, relax physiologically at proper times and seasons.

As to the os externum, I see no reason for surgical interference if a good-sized wax bougie can be passed easily into the cervical canal. I must confess to being utterly unable to understand how dividing the structures of the cervix, how artificially producing an obstetrical laceration of the organ, can cure these varied diseases. In my opinion the operation, as a routine operation, is a surgical error, and yet it continues to be the routine practice of many eminent obstetricians, and that without the data on which it is founded being given.

In the year 1866, my friend Dr. Tilt read an able paper before the London Obstetrical Society, in which he tried to stem the current of irrational uterine surgery in this direction; but the state of practice appears to me to be nearly the same now as then. I constantly meet in consulting practice, both at home and abroad, females in whom division of one or other orifice has been carried out appar-

ently in a routine spirit, as a mere remedy which may do good. I should wish to see this operation placed on a sound basis; and with that view, appeal to the members of the Association present to help me in clearing up and establishing the anatomical and physiological data on which alone such an operation can rightly rest.

I take advantage — I hope it will not be considered an undue advantage — of the opportunity afforded me by the reading of this paper to briefly narrate two cases which illustrate the subjects discussed yesterday in our section on the reading of the three able memoirs on the treatment of cancer of the uterus.

More than twenty years ago I was sent for by the surgeon of a provincial hospital to see, in consultation with him, the wife of the vicar of the town. She was a woman of about forty, mother of a large family, who had been pronounced to be undoubtedly laboring under advanced ulcerated cancer of the uterus by several obstetric and surgical celebrities. I found all the constitutional symptoms of such a condition; but the uterus was not fixed in the pelvis, whilst the cervix was fissured, lobulated, and the seat of fungoid-looking ulceration. I thought that all this mischief might be inflammatory, so had the patient brought to town, and by the help of potassa cum calce cured the morbid conditions. Health returned, and she is well and alive now.

The fame of this cure spread far and near, and for some years I did a considerable proportion of the consulting work of the town. On one occasion, however, I was sent for to see a lady fifty years of age, who had ceased to menstruate for two years, and in whom an uterine tumor had been casually discovered by the hand pressed on the hypogastric region. I found the uterus enlarged, as in the fourth month of pregnancy, ascending out of the pelvis, perfectly free from adhesions. movable in every direction, perfectly

globular, no discharge from the vagina or cervical canal ; merely slight hypogastric pains ; general health and nutrition perfect. The sound passed four inches freely. I diagnosed a fibrous tumor of the uterus ; reassured the patient and friends ; told them she might live twenty years ; and on my return home, unfortunately made the same statement to the family in town. Forty-eight hours after my visit, this patient was seized with peritonitis, and died on the second day. A *post mortem* examination was made, and a large encephaloid cancerous tumor was found in the uterine cavity. I need scarcely add that I ceased to be a prophet in the town in question. My glory departed, and I have never been sent for since. This fact teaches us the advisability of caution in the simplest of cases. I do not even now see how the error I made could have been avoided ; but had I given a more guarded opinion, the results might not have been so serious to me in a professional sense. Again, was the peritonitis the result of the passage of the sound, or a mere coincidence ? — *British Medical Journal*, Sept. 21, 1872.

IX.

CLINICAL LECTURES ON PROLAPSE OF THE WOMB.

BY WILLIAM GOODELL, M.D.

The term *prolapse of the womb*, in its primary and strictly etymological sense, means the displacement of the womb as a whole by descent. A wider meaning has, however, been loosely given to it, partly because our nomenclature does not keep abreast with the times, and partly because it is not easy to give up a term firmly established by long use. Three widely different affections are now included under it, viz.: (*a*) A simple descent, or

settling down of the womb. (b) A hypertrophic elongation of the infra-vaginal portion of the cervix. (c) A (so-called) hypertrophic elongation of the supra-vaginal portion of the cervix. In its present comprehensive sense, then, the term *prolapse of the womb* has come to signify a condition of that organ in which the *os tincae* is found lower down than natural, the position of the fundus being practically disregarded. Apart from the violence thus done to language, there is questionable propriety in including under one general name three distinct lesions, simply because they happen to have one symptom in common.

In the simple prolapse of the womb,—which should more properly be called a substantial descent of the womb,—that organ as a whole, together with its furniture of tubes, ovaries, and ligaments, merely sags down, dragging with it the vagina and the bladder. The degree of displacement being proportioned both to the weight of the prolapsing body and to the relative relaxation of its supports, the womb will be found either more or less low down in the vagina, or else wholly extruded from the vulva. By many writers, the transitional stages of descent while the womb is yet within the vagina are included under the term *prolapsus uteri*; but when the descent is complete, and the womb wholly or in part outside of the vulva, the condition is called *procidentia uteri*. I must, however, warn you that these distinctive names have not been adopted as such by the profession at large; for by some they are employed interchangeably, as if they were synonyms, and by others in a reversed sense. The terms *complete* and *incomplete* would, therefore, be far more acceptable.

Studies from life quicken our apprehension far better than diagrams or verbal descriptions, and I shall therefore illustrate this form of displacement from one of our pa-

tients. This tall, thin woman is unmarried, and, although over sixty years old, is obliged to work hard for a living. Five years ago she began to suffer from a leucorrhœa, from dragging pelvic pains, and "bearing down" sensations. These symptoms had lasted, for a few months, when one day, as she was in the act of lifting a scuttle of coals, "something gave way," and with a sudden pang of pain, her womb jutted out from the vulva. At first, after being replaced, it would stay so for one or two days; then, only for a few hours; but now, as long as she is on her feet, it hangs outside of her body. After getting into bed she is always able to push it back into the vagina, where, unless she coughs, it remains until morning. Of course, by this complete descent of the womb, all her former sufferings have been heightened; whilst in addition she now experiences difficulty in emptying her bladder, and strains much at stool.

As I expose the parts, you see a pyriform tumor hanging from the vulva. At its apex there is an opening—the *os externum*—into which I now pass up this sound to a distance of not quite two and a half inches. Now, since I can feel the tip of the sound outside of the vulva, and can with my fingers also define in the tumor the whole outline of the womb; and since a rectal examination informs me that the womb and vagina have vacated the pelvis, there can be no doubt that we are dealing with a case of complete prolapse, of true hernia, of the womb. The vagina being, of course, completely inverted, as much so as a stocking turned inside out, constitutes the hernial sac; but the weight of the womb has not been sufficient to smooth out its rugæ. I wish you particularly to note the fact that the womb is retroverted and somewhat retroflexed. This results necessarily from the mechanism, of descent, whenever the womb is the primarily prolapsed organ. For, since the womb is, as it were, slung

at its middle, viz., the os internum, by its attachment to the bladder, it follows that in its descent the fundus must hug the sacrum, and describe the arc of a circle around the internal os as the centre of motion. Further, since the fundus is the heavier end of the suspended body, and also is forced down by the bulging in of the rectum into the vagina during the act of defecation, whilst the cervix is braced against the pubes or the neck of the bladder, some degree of bending will usually ensue. In fact a retroversion or a retroflexion is but a modified form of prolapse, and must perforce precede the extrusion of a primarily prolapsed womb.

This simple form of prolapse is very generally the result of senile atrophy, and is therefore far more commonly found in old women. The pelvis has lost its padding of fat; the lax and wrinkled vagina no longer holds up the womb; the retentive power of the abdomen has been weakened by the absorption of the fat-packing in the omentum and in the abdominal walls. By the general decrepitude of old age, or by the muscular debility from disease, the woman's figure becomes altered. Her spine loses its sigmoid shape, her shoulders droop, and her chest bends forwards. Hence the axis of the superior strait, instead of striking a point on the abdomen below the umbilicus, tends now to coincide with the axis of the trunk. As a consequence, the intestines crowd down into the pelvis, and their weight is spent, not upon the pubic bones and the adjacent portion of the abdominal wall, but directly upon the womb, which now no longer lies under the shelter of the sacral promontory and of the lower lumbar vertebræ.

In younger women there are other causes which bring about this form of prolapse. For instance, those which increase the weight of the womb, such as congestion, subinvolution, and the presence of a polypus, or of a fibroid

tumor; those which weaken the lower supports of the womb, and shorten and straighten its line of descent, such as a relaxed vagina, and perineal lacerations; those, finally, which produce succussion or compression from above downwards, as a chronic cough, long-continued vomiting, tight-lacing, the wearing of skirts supported from the waist, and last, not least, the prolonged use of the obstetric binder, under the mistaken notion that it preserves the shape. Again, there are acute cases of prolapse from sudden jars, or from abrupt abdominal pressure.

This form of prolapse was deemed almost the only one until Huguier, in 1859, contended that so far from being a common form, it was an exceedingly rare one, and especially so when compared with that caused by a hypertrophic elongation of the supra-vaginal portion of the cervix. As you grow, and as knowledge grows, you will often be constrained to strip off even the poor tatters of some traditional belief; but I cannot yet ask you to adopt Huguier's opinion, supported though it is by many careful observers. My own observations teach me that the simple prolapse of the womb is by no means an infrequent affection of women — preferably of old maids — who have passed the climacteric, or who have been unbraced by chronic ailments. Nor have I failed to find it in younger subjects; although in such cases, either from imperfect involution after labor, from inflammatory action, or from subsequent derangement of circulation in the pendent mass, and also from friction and exposure to the air, there is usually some degree of hypertrophy of the womb, in its totality, however, — fundus, corpus, and cervix, — and not in one portion to the exclusion of another.

The indication in the treatment of this poor woman is clearly to return the womb and keep it in its place. As the perineum is intact, I think this can be done by Hodge's pessary or by some one of its modifications, which acts

by restoring the posterior wall of the vagina and by propping up the fungus. At the same time I shall enjoin her to keep the contents of her bowels soluble, to avoid the lifting of heavy weights, to wear loose dresses, and to support her underclothing by shoulder-straps. Should the floor of the pelvis prove too slack to sustain this or the ring pessary, I shall try one which has an external base of support, such as Cutter's or Harlow's. Were her womb hypertrophied or otherwise diseased, in addition to the use of the pessary a special treatment should be addressed to these complications. Had she a torn perineum it would be well not only to restore it, but, by prolonging the incisions, to narrow still more the outlet of the vagina. This operation will of itself temporarily prevent the extrusion of the womb; but it can give permanent relief only when it furnishes to the pessary a firm base of support. To maintain an erect carriage, and to restore the sigmoid curve to the spine, a brace with a pad over the lumbar vertebræ is said to answer well; but with this I have no experience whatever. In general, whenever the prolapse is incomplete, and dependent, as it then usually is, upon some congestive or inflammatory condition, begin your treatment, not with pessaries, but with the usual remedies for such lesions. By removing the cause you remove also its consequences; but when foiled in this, then, and only then, may you resort to mechanical means.

In the second variety of prolapse, — that from a *hypertrophic elongation of the vaginal portion of the cervix*, — an entirely different condition obtains. Through nutritive activity this portion of the cervix becomes larger and much longer than natural; and although by its increased weight it usually drags down the body of the womb somewhat, yet this is so unessential a sequence that the affection has been termed “prolapse without locomotion of the fundus.” In this variety, the cervix so rarely attains to a length greater

than that of the vagina that, in our clinic, we have not yet met with an example in which the os tinæ showed itself outside of the vulva. You are, however, all familiar with that modified form of it, the conical cervix, which is interesting from its bearing upon dysmenorrhœa and sterility. Whenever the vaginal portion of the cervix is so long as to protrude from the vulva, it is, as a rule, either a congenital condition, or an exaggeration of a congenital condition, and is therefore found in nulliparæ. In child-bearing women, through metritis from the contusions of repeated labors, the vaginal portion often takes on an hypertrophy, but this is then less an elongation than a general increase in every direction. There is yet another form of hypertrophic elongation which involves one lip of the os, usually the anterior. The prolongation becomes proboscis-like, and, from its resemblance to the snout of the tapir, has gained the name of *tapiroid*. All these acquired forms of hypertrophy are usually traceable to the traumatisms of labor, or to defective involution.

From the diagram (Fig. 1) you can see that the diagnosis of these affections is not difficult. Their character is sufficiently marked by the unnatural length of the uterine cavity and by the absence of vaginal invagination and of vesical prolapse. The tapiroid cervix may possibly be mistaken for a polypus, but, as the remedy in each is the same, no harm could happen. In all the varieties of hypertrophy attended by elongation, the redundant portion of the cervix when troublesome must be cut off. For this purpose the scissors, the *écraseur*, and the galvano-cautery, have each its advocates. The risk from hemorrhage is less when the latter instruments are used; but the scissors offer the advantage of a cleanly incised stump which the operator can cover by sliding over and stitching together the edges of the surrounding mucous membrane. Healthy tissue being thus substituted for unhealthy, there can be

no return of the disease, and further, the wound will sooner heal. For the details of this operation, I must refer you to Dr. Sims's classic work upon uterine surgery.

Let me here warn you against performing at your office this or any other cutting operation upon the cervix or the vaginal tract. A smart hemorrhage is pretty sure to follow, either then and there, or else after the ride home; but, with your patient in bed, you can always control it by astringents or by the tampon. I shall not soon forget a scrape of this kind I once got into, by snipping off several clumps of venereal warts — I have been shy of them ever since — from the vagina of an office-patient. The bleeding resisted every astringent within reach, and as she resisted harsher remedies, I was glad enough to be able to staunch it with a tampon. What with the fright and the pain, there was no getting my patient home; she lay on my sofa the better part of a day; and that, to say the least, was not agreeable. — *Philadelphia Medical Times*, Nov. 16, 1872.

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